

Cathy Wang, FSA, MAAA
Cigna Healthcare Pricing



July 14th, 2023

Lindsi Swartz, Director
PA Department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Ms. Swartz,

This rate filing contains requested premium rate changes for Cigna Health and Life Insurance Company's (CHLIC) ACA compliant Individual health plans. The proposed rates are intended to take effect on January 1, 2024. This filing affects the rates approved under SERFF tracking number CCGH-1333669387.

This is a refiling. Previously, Cigna filed an 11.44% rate increase. This filing is for a 13.2% increase, which accounts for the following changes:

- Cigna's affordability initiatives for 2023 have fallen very short of expectations, which resulted in the "Other" adjustment increasing 5.0% for Medical and 4.5% for Rx.
- PA Reinsurance has been priced in with a coinsurance rate of 50%.
- Risk Adjustment for 2022 has been updated, and the increased cost is reflected in the latest pricing.

Please note that the PAAME shows a slightly different rate increase of 13.1% due to the difference in the averaging method used compared to the URRT template.

Enclosed within this filing are the Unified Rate Review Submission, Part 3 Actuarial Memorandum, Part II Justification, Rate Tables, Business Rules, Unique Plan Design Certification, AVC, Department Plan Design Summary and Rate Tables, Service Area Map, and Pennsylvania Rate Template Inputs files.

CHLIC's participation in Pennsylvania's individual health insurance market in 2024 is contingent upon market conditions. CHLIC reserves the right to withdraw plans at any time prior to the commencement of open enrollment and in accordance with applicable federal and state laws and regulations.

Information for the Pennsylvania Bulletin:

- | | |
|---------------------------------|--|
| 1. Company Name and NAIC Number | Cigna Health and Life Insurance
67369 |
| 2. Market | Individual |
| 3. On or Off Exchange | On and Off |

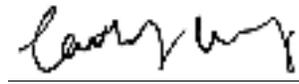
4. Effective date of coverage	January 1, 2024
5. Average rate change requested	13.2%
6. Range of rate change requested	11.4% to 16.3%
7. Total additional annual revenue generated from proposed rate change	\$2,210,793
8. Products	EPO
9. Rating Areas and any changes from 2023	Rating Area 8 No change
10. Metal Levels and Catastrophic Plans	Bronze, Silver, Gold
11. Current number of covered lives as of February 1, 2023	2,802
12. Number of plans offered in 2024 and change this represents from 2023	11 Plans in 2024 22 plans in 2023
13. Corresponding contract form number, SERFF and Binder ID numbers	Form #: PAINDEPO052023 SERFF Filing #: CCGH-133673729 Binder ID #: CCGH-PA24-125116215
14. HIOS Issuer ID number and submission tracking number	HIOS Issuer ID: 13401 State Tracking #: CCGH-1333669387

CHLIC requests confidential handling of this filing. We believe that this information is proprietary and critical to our business. The release of such information could be harmful if made public.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,



Cathy Wang, FSA, MAAA
Actuarial Advisor

1. GENERAL INFORMATION

Insurance Company Name	CHLIC
NAIC Company Code	67369
HIOS Issuer ID	13401
State	Pennsylvania
Market Type	Individual
Proposed Effective Date	01/01/2024
Primary Contact Person and Title	Cathy Wang, FSA, MAAA, Actuarial Advisor
Primary Contact Telephone Number	215.761.3722
Primary Contact Email	Cathy.Wang@Cigna.com

Scope and Purpose of Filing: CHLIC is filing rates for comprehensive major medical product 13401PA001 for individuals & families, to be effective January 1, 2024. The plans represented in this filing will be Guaranteed Issue & Guaranteed Renewable and are to be marketed through pennie.com, brokers, general agents, and directly to consumers as described in the policy form. These plans are attached to product that has been submitted under policy form filing number CCGH-133673729. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

2. PROPOSED RATE CHANGES

The proposed weighted average annual rate change by product, without the impact of aging, is provided below. It was calculated using enrollment data as of 3/31/2023.

2024 HIOS Product ID	13401PA001
Proposed Rate Increase	13.2%

The following factors are the main drivers of the proposed rate change:

- Medical inflation and unit cost changes of medical services year over year: The underlying claim costs are expected to increase from 2022 to 2024, which is reflective of anticipated changes in the prices of medical services, the frequency with which consumers utilize services, as well as any changes in network contracts or provider payment mechanisms. The recent increase in Consumer Price Index (CPI) inflation is adding additional inflationary pressure for network contracts and provider payment mechanisms.
- Decreased Expense Margin: Reflects improved efficiencies and scale achieved by Cigna Health & Life Insurance Company relative to 2022.
- Plan design changes and benefit modifications: Changes have been made to plans regarding the mandated restricted actuarial values for metal tiers that are resulting in an increase in expected cost share and therefore an increase to premium. All plan designs conform to actuarial value and essential health benefit requirements.

The requested rate change is not the same across all plans. The following factors drive different rate changes by plan:

- Plan design changes
- Trend leveraging due to member cost sharing provisions
- Cigna Health & Life Insurance Company has made refinements to the manual rating methodology based on its most recent Individual experience and refreshed the claim probability distribution (CPD) used in the development of the cost sharing for its plans based on recent data for the Individual market, which leads to expected claim cost changes and different cost share among plans
- Cigna Health & Life Insurance Company has updated the data and methodology used to project changes to customer utilization patterns as a result of changes in cost sharing

3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

- a. **Paid Through Date:** December 31, 2022
- b. **Premiums (Net of MLR Rebate) in Experience Period:** Premiums in experience period represent actual 2022 premiums received through 12/31/2022. Cigna Health & Life Insurance Company anticipates a PPACA MLR greater than 80% in 2022 and therefore estimates no MLR rebates payable.
 - i. Prior to MLR Rebates: \$13,361,748.76
 - ii. Expected MLR Rebates: 0
 - iii. Net of MLR Rebates: \$13,361,748.76

c. **Allowed & Incurred Claims:**

All claims are processed through Cigna Health & Life Insurance Company’s claim system. Allowed claims shown below represent the sum of payments made under the policy to healthcare providers.

IBNR claims are calculated using completion factors, which represent the known paid claims as a percent of the estimated total accrual as of a particular lag period after a service month. Completion factors for a given reporting period are developed based on historical run-out patterns for national Individual experience, adjusted for actuarial judgment regarding deviance from the average (within a reasonable range based on historical deviance). The methodology used to calculate IBNR does not differ for allowed claims versus incurred claims.

Allowed and incurred claims in the experience period are as follows:

Allowed Claims	
Paid Through 3/31/2023	\$11,927,136
IBNR	\$363,626
Completed Allowed Claims	\$12,290,762

Paid & Incurred Claims	
Paid Through 3/31/2023	\$8,140,442
IBNR	\$267,776
Incurred Claims	\$8,408,219

4. BENEFIT CATEGORIES

To determine benefit categories, Cigna Health & Life Insurance Company uses a combination of Procedure Code and Place of Service to categorize each claim under an appropriate Major Service Category. These categories are defined as follows:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, & other professional services, except hospital based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.
- Prescription Drug: Includes drugs dispensed by a pharmacy, net of rebates received from drug manufacturers.

5. TREND FACTORS

The expected all-in annual medical cost trend is 6.0%. . This trend is calculated from the in-network trends by service category and then by adding pharmacy trend as shown in the tables provided below.

MSC	Unit Cost Trend	Utilization Trend	Total Annual	Weight
Inpatient	3.4%	2.5%	6.0%	34.4%
Outpatient	2.1%	2.5%	4.6%	42.0%
Professional	3.5%	2.5%	6.1%	20.3%
OMS	7.6%	2.5%	10.3%	3.3%

MSC	Unit Cost Trend	Utilization Trend	Total Annual	Weight
Pharmacy	6.9%	1.2%	8.2%	100.0%

Rx Penetration	16.7%
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Total Trend	6.0%
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Credibility	53.0%
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Our trend methodology is prospective and develops unit cost trends for specific geographic groupings of zip codes in Pennsylvania based on known and planned reimbursement contracts. In order to set the prospective unit cost trend, historical experience is used to aggregate the facility level reimbursement contracts into the higher-level geographic groupings. In order to determine prospective utilization trends, we look at utilization trends retrospectively by major service category on a national basis. These retrospective utilization patterns are examined and coupled with other macroeconomic forces that are expected to change in the future at the market level in order to develop the prospective utilization trend.

6. ADJUSTMENTS TO TRENDED EHB ALLOWED CLAIMS PMPM

- **Changes in the Morbidity of the Population Insured:** Experience was adjusted to account for expected morbidity differences between the underlying experience population and the projected 2024 population. The morbidity adjustment factor accounts for morbidity drivers specific to Cigna Health & Life Insurance Company’s single risk pool, including the membership distribution by metal tier.
- **Demographic Shift:** An adjustment was made to account for the change in distribution by age and gender between the 2022 underlying experience and the expected 2024 membership. The adjustment factor was developed as the ratio of the membership-weighted average demographic factor using 2024 projected membership, and a similar factor computed using the 2022 actual membership. An area adjustment was also made to reflect differences between the distribution of membership across rating areas in our experience population and our 2024 projected population.
- **Plan Design Changes:** The experience underlying the Projected Index Rate development represents a different distribution amongst metal tiers and CSR variants than is projected for Cigna Health & Life Insurance Company in 2024. Utilization patterns differ between plan designs due to the differences in induced demand, which is an allowable rating factor under the ACA. Therefore, an adjustment is made to account for the induced demand differences between the underlying and the projected populations.
- **Other Adjustments:** An adjustment was made to reflect anticipated changes in provider contracts that differ from those underlying the experience used.

7. MANUAL RATE ADJUSTMENTS

a. Source & Appropriateness of Experience Data used in Developing the Manual Rate

The source data used to generate the Manual Rate is trended national individual experience adjusted for state- and market-specific differences. The adjustments to the baseline data are addressed below.

b. Adjustments made to the Data

The following adjustments were made during the development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- **Morbidity Load** – A -38.1% load was added to the manual rate to account for the difference in morbidity risk of the population underlying the manual rate and the anticipated population in Cigna Health & Life Insurance Company in 2024. Cigna Health & Life Insurance Company relied on full-year 2022 allowed claims and enrollment data for the Individual market. The morbidity load comprehends the following components:
 - Overall health status in the Individual market – The average morbidity in the Individual market is driven by external factors such as the elimination of the individual mandate, continued uncertainty in the individual market, and the presence or absence of transitional policies. All such factors are included in the morbidity load.
 - Membership distribution by metal tier – In the Individual market, individuals tend to select plans that best meet their health needs. Riskier individuals tend to choose plans with lower member cost-share. The expected membership distribution by metal tier therefore impacts the overall expected morbidity in the single risk pool. This adjustment is applied to the index rate only and no plan-specific adjustments are made to account for anticipated differences in health status of enrollees across plans.
- **Demographic Adjustment** – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, an adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2024 individual market than the distribution by age reflected in the data underlying the Manual Rate.
- **Portfolio Adjustment** – The experience underlying the Manual Rate development represents a different distribution amongst metal tiers and CSR variants than is projected for Cigna Health & Life Insurance Company in 2024. Utilization patterns differ between plan designs due to the differences in induced demand, which is an allowable rating factor under the ACA. Therefore, an adjustment is made to account for the induced demand differences between the underlying and the projected populations.
- **Network Savings** – Cigna Health & Life Insurance Company’s underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated unit cost of the provider network varies by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 2.7% intrement for 2024. The level of network savings is driven by the contractual arrangement between the health care providers and Cigna Health & Life Insurance Company, and assumes certain capacity limitations for the providers; as such, significantly higher than expected volumes, carrier exits, etc. may require network reconstruction that may lead to a significant impairment in the adequacy of the rates developed herein.

c. Inclusion of Capitation Payments

There are no services provided under a capitation arrangement for plans included in this filing.

8. CREDIBILITY OF EXPERIENCE

Limited fluctuation credibility was used to determine the credibility assigned to the 2021 single risk pool experience. 2022 exposure of 100,000 member months was assigned 100% credibility. Therefore, the credibility assigned to 2022 single risk pool experience was 53.0% .

9. ESTABLISHING THE INDEX RATE

The Index Rate of the Experience Period for this filing is \$432.88. The Index Rate of the Experience Period in Section I, Worksheet 1 of the URRT represents the total combined 2022 allowed claims experience PMPM attributable to Essential Health Benefits in the single risk pool.

The Index Rate for the Projection Period for this filing is \$461.05 and was developed in accordance with 45 CFR Part 156.80(d). The Index Rate for the Projection Period identified in Section II, Worksheet 1 of the URRT is a representation of the credibility blended Expected Allowed Claims for 2024 attributable to Essential Health Benefits, and incorporates the impact of trend, benefit, morbidity, and demographic adjustments as outlined in Sections 5, 6 and 8 of this document. Refer to Section 8 of this document for additional information regarding the credibility attributed to single risk pool experience in the development of the Index Rate for the Projection

Period. There are no benefits in addition to EHBs that are being covered under the proposed plans in 2024. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing.

10. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The Market-wide Adjusted Index Rate for this filing is \$602.11. The Market-wide Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80 (d)(1). The following market-wide adjustments have been made to the Index Rate, as allowed under these rules:

a. Reinsurance

The reinsurance program ended with the 2016 benefit year. However, Pennsylvania created a reinsurance program in 2021 for the 2021 through 2025 benefit years. Consequently, reinsurance recoveries have been applied to the Index Rate in the development of the Market-wide Adjusted Index Rate and the Plan Adjusted Index Rate.

b. Risk Adjustment Payment/Charge

A 2024 risk transfer payable of \$140.95 PMPM on an allowed basis is assumed. Equivalently, the projected risk transfer on a paid basis is \$111.70 PMPM.

The risk transfer formula was used for the calculation of Cigna Health & Life Insurance Company's 2024 risk transfer. Components of the transfer formula were estimated at the product level, providing an estimate of the paid risk transfer PMPM at the product level.

The components of the transfer formula are outlined below with a description of the methodology used to estimate each component.

Market-Average Risk Transfer Components

- Market average factor including risk (MAF including risk) – The Wakely estimate of the 2022 MAF including risk was used as the jump-off for the projection of the 2024 MAF including risk. The estimated 2022 MAF including risk was adjusted for expected changes in the market-average morbidity, as outlined in Section 7 of this document, and expected changes as a result of moving to the proposed 2024 risk adjustment model.
- Market average factor excluding risk (MAF excluding risk) – The Wakely estimate of the 2022 MAF excluding risk was used as the jump-off for the projection of the 2024 MAF excluding risk. The estimated 2022 MAF excluding risk was adjusted for changes to the allowable rating factors for 2024.
- Statewide average premium (SAP) – The Wakely estimate of the 2022 SAP was used as the jump-off for the projection of the 2024 SAP. The 2022 SAP was adjusted for the following factors: (1) claim cost trend, (2) anticipated market-level pricing corrections.

Cigna Health & Life Insurance Company Risk Transfer Components

- Induced Demand Factor (IDF) – Weighted average of HHS Risk Adjustment Model IDFs based on projected 2024 Cigna Health & Life Insurance Company membership by metal tier
- Geographic Cost Factor (GCF) – Weighted average of estimated 2022 GCFs provided by based on projected 2024 Cigna Health & Life Insurance Company membership by rating area
- Actuarial Value (AV) – Weighted average of HHS Risk Adjustment Model AV factors based on projected 2024 Cigna Health & Life Insurance Company membership by metal tier
- Allowable Rating Factor (ARF) – Weighted average of HHS Risk Adjustment Model ARFs based on projected 2024 Cigna Health & Life Insurance Company membership by age
- Plan Liability Risk Score (PLRS) – The projected change in morbidity of Cigna Health & Life Insurance Company's single risk pool from 2022 to 2024 was estimated as outlined in Section 7 of this document. The projected change in morbidity was used to estimate a projected change in PLRS for Cigna Health & Life Insurance Company's single risk pool from 2022 to 2024. The PLRS was also adjusted for expected changes as a result of moving to the proposed 2024 risk adjustment model.

The projected 2024 net allowed risk transfer payable of \$160.71 PMPM was applied to the Index Rate in the development of the Market-wide Adjusted Index Rate. The impact of net risk adjustment is an increase of 34.9% of Cigna Health & Life Insurance Company's 2024 premiums.

Cigna Health & Life Insurance Company does not anticipate any fees or receipts from the risk corridor program in 2024 and has not included any pricing adjustments for risk corridor payments in rate development.

c. Exchange User Fees

Exchange User Fees are applied as an adjustment to the index rate at the market level. The 3.00% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in an expected fee of 2.79%.

The Market-wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool and is not calibrated.

11. PLAN ADJUSTED INDEX RATE

Only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the Market-Wide Adjusted Index Rate to arrive at the Plan Adjusted Index Rates:

- Plan-specific actuarial value and cost sharing adjustments
- Administrative costs, excluding the Risk Adjustment User Fee, and Exchange user fees

The adjustment Impact of specific eligibility categories for the catastrophic plan is not applicable since Cigna Health & Life Insurance Company does not plan to offer catastrophic plans in 2024.

Note that the AV and cost-sharing adjustment encompasses expected cost-sharing differences and utilization differences due to differences in cost-sharing.

The expected cost-sharing ratio for each benefit plan is calculated by using 2022 claims and enrollment data from the Individual market (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then used to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. Note that for each Silver HIOS Component ID the expected cost-sharing ratio was calculated for the Base benefit plan and the state mandated factor of 1.22 was applied to achieve the final cost-sharing ratio. Should the expanded subsidies from the American Rescue Plan Act be extended into plan year 2023, a 1.22 CSR funding factor will be applied.

In addition to cost sharing differences, this adjustment also includes utilization differences due to differences in cost sharing. In evaluating adjustment for utilization changes, Cigna Health & Life Insurance Company has used the mandated HHS Induced Demand formula. This adjustment is consistent with the description on page 41 of the 2024 Unified Rate Review Instructions. There are no explicit and/or additional adjustments used in our rate development process that reflect expected differences in utilization due to health status.

12. CALIBRATION

Cigna Health & Life Insurance Company calibrates the Plan Adjusted Index Rates to apply the allowable rating factors (age, geography, and tobacco) in order to calculate Consumer Adjusted Premium Rates. The calibration for each allowable rating factor is described below.

a. Age Curve Calibration

The weighted average age factor for the projected membership was calculated using the updated Default Federal Standard Age Curve defined in the addendum to 45 CFR 147.102(d). The average age associated with this projected membership (rounded to the nearest whole number) is 47. This single risk pool average age was determined using a blend of the current 2022 age distribution in the single risk pool. The Plan Adjusted Index Rate was divided by the weighted average age factor mentioned above, to arrive at the calibrated Plan Adjusted Index Rate for a 21 year old. A demonstration of how the Plan Adjusted Index Rate and the age curve were used to generate the calibrated Plan Adjusted Index Rate for each plan is provided below.

b. Geographic Factor Calibration

Rate variations among geographical areas vary only by the geographic rating regions defined by the federal government. Area factors reflect only differences in the cost of the delivery of medical services among rating areas for a standard population and fixed market basket of covered services. The following table shows the geographic factors for each defined area in Pennsylvania:

Area	8
Area Factor	1.00
Membership	100%

An average geographic factor is developed based on the projected distribution of membership across all areas. Then the calibrated Plan Adjusted Index Rate is calculated as Plan Adjusted Index Rate divided by this weighted average geographic factor.

c. Tobacco Use Rating Factor Calibration

Pennsylvania does not allow for rating based on tobacco usage, so a calibration factor of 1.00 is used for all plans.

A demonstration of calibration for the Plan Adjusted Index Rate is provided in the table below.

HIOS Plan ID	PAIR	Geographic Calibration	Demographic Calibration	Tobacco Calibration	Calibrated PAIR
13401PA0010001	\$464.42	1.00	0.64	1.00	\$295.37
13401PA0010002	\$493.86	1.00	0.64	1.00	\$314.10
13401PA0010003	\$495.98	1.00	0.64	1.00	\$315.44
13401PA0010004	\$494.57	1.00	0.64	1.00	\$314.54
13401PA0010005	\$502.12	1.00	0.64	1.00	\$319.35
13401PA0010019	\$553.88	1.00	0.64	1.00	\$352.27
13401PA0010006	\$638.47	1.00	0.64	1.00	\$406.07
13401PA0010007	\$644.69	1.00	0.64	1.00	\$410.02
13401PA0010013	\$497.96	1.00	0.64	1.00	\$316.70
13401PA0010014	\$603.45	1.00	0.64	1.00	\$383.79
13401PA0010015	\$607.19	1.00	0.64	1.00	\$386.17

* The Plan Adjusted Index Rate represents average premium for the projected single risk pool at the unrounded average age, weighted using the best-estimate Default Federal Standard Age Curve factors. Linear interpolation between integer Default Federal Standard Age Curve factors was used in the development of the Demographic Calibration factor.

13. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

Consumer Adjusted Premium Rate is developed by applying the following allowable adjustments to the calibrated Plan Adjusted Index Rate.

- Individual and family tier – applied by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account
- Rating area factor – applied by multiplying the area factors to the calibrated Plan Adjusted Index Rate
- Age factor – applied by multiplying the age factor to the calibrated Plan Adjusted Index Rate
- Tobacco status – applied by multiplying the tobacco factor to the calibrated Plan Adjusted Index Rate

14. PROJECTED LOSS RATIO

The projected 2024 PPACA MLR, without adjustment for credibility, for Cigna Health & Life Insurance Company’s individual products is 89%.

A demonstration of the projected MLR calculation is illustrated below:

PPACA 2023 MLR		
1	Member Months	32778
2	Incurred Claims	\$ 11,461,379
3	Claims Adjustment*	\$ 3,694,136
4	Numerator (2 + 3)	\$ 15,155,515
5	Earned Premium	\$ 18,334,269
6	Premium Adjustment**	\$ -1,304,352
7	Denominator (5 + 6)	\$ 17,029,917
8	Credibility Factor	5.06%
9	Average Deductible Factor	1.30
10	Credibility Adjustment (8 x 9)	6.60%
11	PPACA MLR w/o Credibility (4 ÷ 7)	88.99%
12	PPACA MLR w/ Credibility (10 + 11)	95.59%

* Quality Improvement Activities & Risk Adjustment
 ** Premium/State Taxes/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- Member Months – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell F48 in Worksheet 1 URRT.
- Incurred Claims – projections for incurred claims are consistent with Cell D70 in Worksheet 2 of the URRT.
- Claims Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2023 (Final Rule)
- Earned Premium – projections for earned premium are consistent with Cell D72 in Worksheet 2 of the URRT.
- Premium Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2024 (Final Rule)
- Credibility Adjustment – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

15. AV METAL VALUES

The AV Metal Values shown in Worksheet 2 of the URRT for the plans listed below were based on the AV Calculator, with the exception of the following unique benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Copays for Inpatient Services (for copay-based benefit plan designs)
- Cost Sharing for Mental Health/Substance Abuse Outpatient Office Visit vs. Facility Visit Services (where OV are copay and Facility visits are ded/coins)
- Copays for Urgent Care Services
- Cost Sharing for certain medical services for the treatment of diabetes, COPD, or asthma.

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). The impacted plans, alternate methodologies, and the reason for their use is explained in the accompanying actuarial certification titled “13401_pa_UniquePlanDesign_5_17_2023”.

HIOS Plan ID	
13401PA0010001	13401PA0010019
13401PA0010002	13401PA0010006
13401PA0010003	13401PA0010007
13401PA0010004	13401PA0010013
13401PA0010005	13401PA0010014
13401PA0010015	

16. MEMBERSHIP PROJECTIONS

The membership projections for Cigna Health & Life Insurance Company’s benefit plans are developed internally as best estimates. They were derived from Cigna Health & Life Insurance Company 2023 open enrollment experience and assumed channel growth in Cigna Health & Life Insurance Company. Active membership splits were used to develop projections by exchange indicator and metal tiers, together with growth assumptions by channel. The projected distribution of member months represents our expectation of the industry average distribution of enrollment by age for the Individual Market for 2023. For Silver metal plans, the projected enrollment subject to cost-sharing reduction subsidies at each level is developed based on Cigna Health & Life Insurance Company’s most recent actual enrollment data.

Distribution by Plan by CSR-Level				
Plan ID	100%-150% FPL	150%-200% FPL	200%-250% FPL	>250% FPL
13401PA0010006	39%	44%	11%	6%
13401PA0010007	39%	44%	11%	6%
13401PA0010013	0%	0%	0%	100%

17. TERMINATED PLANS AND PRODUCTS

The table below show the plan mapping for terminating plans to existing plans in 2023. Blank cells indicate that plans were terminated and unmapped in 2024.

Table 1: Terminated Plans from the Experience Period

2022 HIOS ID	2023 HIOS ID	2024 HIOS ID
13401PA0010020	13401PA0010020	13401PA0010002
13401PA0010008	13401PA0010008	13401PA0010006
13401PA0010009	13401PA0010009	13401PA0010006
13401PA0010010	13401PA0010010	13401PA0010007
13401PA0010011	13401PA0010011	13401PA0010007
13401PA0010012	13401PA0010012	13401PA0010013
13401PA0010021	13401PA0010021	
13401PA0010016	13401PA0010016	13401PA0010014
13401PA0010017	13401PA0010017	13401PA0010014
13401PA0010018	13401PA0010018	13401PA0010013
13401PA0010022	13401PA0010022	13401PA0010015

18. PLAN TYPE

The plan types as inputted in Section I, Worksheet 2 of the URRT accurately describe the plans in this filing.

19. EFFECTIVE RATE REVIEW INFORMATION

a. Financial Information

CHLIC (Cigna Health & Life Insurance Company)					
<i>(\$ Millions)</i>	2019	2020	2021	2022	2023 (Proj)
Stat Capital & Surplus	5,207	5,955	5,700	5,792	7,071
Authorized Control Level RBC	1,004	1,106	1,283	1,414	1,577

Cigna Health & Life Insurance Company is in strong financial condition. The proposed plans and rates will have an immaterial impact on the company's financial condition, even with significant membership growth.

b. Rating Information

To see the proposed rate manual by age, area and smoking status please reference the accompanying QHP Rates Table Template. For additional rating rules used in deriving the premium please refer to the accompanying Business Rules Template.

A description of the benefits for all plans proposed in this filing is shown in the accompanying Plans Benefits Template.

Please note that Cigna Health & Life Insurance Company shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit, and a standalone exchange-certified pediatric dental policy.

c. Other

Cigna Health & Life Insurance Company's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 82.3%.

20. RELIANCE

I have relied on claim, premium, enrollment, and risk score data supplied by Kimberly Barbier, Informatics Senior Specialist, and Geoff Tancredi, Actuarial Advisor. The data have been reviewed for reasonableness but have not been audited. In addition, I have relied on review by Steve Giori, FSA, MAAA and other internal and external sources, including data provided by Wakely Consulting, to develop the underlying assumptions used in the pricing methodology.

21. ACTUARIAL CERTIFICATION

I, Cathy Wang, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
 - ASOP #41, Actuarial Communications
 - ASOP #50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
- b) The Projected Index Rate presented in this filing is:

- a. In compliance with all applicable state and Federal statutes and regulations in 45 CFR 156.80(d)(1)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
- c) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- d) The geographic rating factors reflect only differences in the costs of delivery, including unit cost and provider practice pattern differences, and do not include differences for population morbidity by geographic area.
- e) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans, save the exceptions shown in Section 16, which are further explained in the accompanying actuarial certification “13401_pa_UniquePlanDesign_5_17_2023”.

The URRT does not demonstrate the process used to develop the rates presented in this filing. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



Cathy Wang, FSA, MAAA
Actuarial Advisor
CHLIC
Cathy.Wang@Cigna.com

Rate Change Summary

Cigna Health and Life Insurance – Individual Plans

Rate request filing ID # CCGH-1333669387 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at

<https://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/default.aspx>

Overview

Initial requested average rate change:	12.7% ¹
Revised requested average rate change:	13.2% ¹
Range of requested rate change:	11.4% - 16.3%
Effective date:	1/1/2024
Mapped Members:	2,802
Available in:	Rating Area 8

Key information

Jan. 2022-Dec. 2022 financial experience

Premiums	\$13,361,749
Claims	\$11,765,380
Administrative expenses	\$1,364,235
Taxes & fees	\$336,716
Company made (after taxes)	(\$104,582)

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2024:

Claims:	82%
Administrative:	10%
Taxes & fees:	5%
Profit:	2%

The company expects its annual medical costs to increase **6.0%**.

Explanation of requested rate change

The plan rates are primarily increasing to account for increased medical costs, changes in the plan designs and benefits, changes in taxes, fees, and administrative expenses, and changes in the reinsurance program.

¹ Note that insurers will have the opportunity to revise their rate change request in July, after they are scheduled to receive updated information about the impact of a federal program called risk adjustment. This document will be updated accordingly at that time.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.0																		<i>To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.</i>
2																			
3	Company Legal Name:	Cigna Health and Life Insurance Company																	
4	HIOS Issuer ID:	13401	State:	PA															
5	Effective Date of Rate Change(s):	1/1/2024	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2022	to	12/31/2022															
13			Total		PMPM														
14	Allowed Claims		\$12,290,761.84		\$432.88														
15	Reinsurance		\$475,412.40		\$16.74														
16	Incurred Claims in Experience Period		\$8,408,218.88		\$296.14														
17	Risk Adjustment		-\$3,117,399.20		-\$109.79														
18	Experience Period Premium		\$13,361,748.76		\$470.60														
19	Experience Period Member Months		28,393																
20																			
21	Section II: Projections																		
22			Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims												
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM												
24	Inpatient Hospital	\$124.04	1.034	1.025	1.034	1.025	\$139.28												
25	Outpatient Hospital	\$151.45	1.021	1.025	1.021	1.025	\$165.83												
26	Professional	\$73.35	1.035	1.025	1.035	1.025	\$82.55												
27	Other Medical	\$11.78	1.076	1.025	1.076	1.025	\$14.33												
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00												
29	Prescription Drug	\$72.26	1.069	1.012	1.069	1.012	\$84.56												
30	Total	\$432.88					\$486.56												
31																			
32	Morbidity Adjustment				1.017														
33	Demographic Shift				1.003														
34	Plan Design Changes				1.001														
35	Other				0.946														
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2024		\$469.98														
37																			
38	Manual EHB Allowed Claims PMPM				\$450.99														
39	Applied Credibility %				53.00%														
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2024			\$461.06		\$15,112,624.68												
43	Reinsurance				\$19.64		\$643,913.98												
44	Risk Adjustment Payment/Charge				-\$140.95		-\$4,620,059.10												
45	Exchange User Fees				3.28%		\$647,344.55												
46	Market Adjusted Index Rate				\$602.11		\$19,736,114.35												
47																			
48	Projected Member Months				32,778														
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution																		
51	to the full extent of the law.																		

Product-Plan Data Collection

Company Legal Name: **Cigna Health and Life Insurance Company**
 HHS Issuer ID: **19481** State: **PA**
 Effective Date of Rate Change(s): **1/1/2024** Market: **Individual**

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + V.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information

Field #	Product Name	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010019	13401PA0010020		
1.1	Product ID	9450 Indiv Med	7800 Indiv Med	6500 Indiv Med	4400 Indiv Med	HS4 6400 Indiv	Indiv Med	5000 Indiv Med	6000 Indiv Med	2000 Indiv Med	1000 Indiv Med	2500 Indiv Med	7600 Enhanced	3600	3000	3800 Enhanced	4200 Enhanced	4400	HS4 5400	Connect Gold 750	1900 Enhanced	Connect Gold 900	2100 Enhanced
1.2	Product ID	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010019	13401PA0010020		
1.3	Plan Name	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Gold	Gold	Bronze	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	
1.4	Plan ID (Standard Component ID)	0162	0164	0165	0162	0161	0169	0170	0171	0172	0173	0174	0175	0176	0177	0178	0179	0180	0181	0182	0183	0184	
1.5	Metal	0162	0164	0165	0162	0161	0169	0170	0171	0172	0173	0174	0175	0176	0177	0178	0179	0180	0181	0182	0183	0184	
1.6	AV Metal Value	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
1.7	Plan Category	Renewing	Terminated	Terminated	Terminated																		
1.8	Plan Type	EPO	EPO	EPO																			
1.9	Exchanging Plan?	Yes	No	No	No																		
1.10	Effective Date of Proposed Rates	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	
1.11	Cumulative Rate Change % (over 12 mos prior)	12.69%	14.25%	13.85%	13.85%	12.35%	16.28%	16.28%	12.61%	13.60%	11.36%	16.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
1.12	Plan Rate Increase																						
1.13	Submission Level Rate Increase %																						

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Field #	Total	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010019	13401PA0010020			
2.1	Allowed Claims	\$718.87	\$119,177	\$2,184,001	\$242,564	\$931,325	\$0	\$14,414.25	\$142,168	\$159,030	\$1,717,583	\$1,047,610	\$0	\$371,473	\$204,682	\$26,901	\$250,026	\$50,330	\$0	\$2,515,728	\$65,236	\$34,073	\$0	
2.2	Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2.3	Member Cost Sharing	\$3,646,950	\$177,089	\$42,728	\$83,995	\$14,589	\$120,161	\$0	\$320,516	\$43,140	\$75,618	\$62,594	\$49,212	\$0	\$5,213	\$50,130	\$52,446	\$12,132	\$0	\$530,654	\$192,991	\$6,460	\$0	
2.4	Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
2.5	Incurred Claims	\$8,408,219	\$541,749	\$76,454	\$1,351,005	\$99,974	\$211,144	\$0	\$1,093,909	\$99,029	\$81,414	\$1,091,989	\$646,177	\$0	\$366,238	\$154,552	\$10,656	\$197,580	\$39,198	\$0	\$1,985,074	\$312,245	\$27,613	\$0
2.6	Risk Adjustment Transfer Amount	\$3,117,999	\$187,107	\$29,864	\$85,430	\$143,271	\$198,179	\$0	\$259,555	\$45,345	\$60,058	\$55,561	\$136,962	\$0	\$10,211	\$38,648	\$9,623	\$45,549	\$12,077	\$0	\$302,150	\$26,894	\$6,478	\$0
2.7	Member Cost Sharing	\$13,361,249	\$627,150	\$111,402	\$1,086,927	\$614,689	\$742,603	\$0	\$1,216,163	\$136,424	\$231,228	\$1,620,205	\$1,131,980	\$0	\$69,907	\$138,796	\$11,021	\$319,899	\$48,541	\$0	\$1,464,171	\$318,225	\$34,654	\$0
2.8	Experience Period Member Months	28,393	1,522	272	7,791	1,309	1,805	0	2,864	413	547	4,060	2,978	0	93	382	33	231	33	0	2,792	700	99	0
2.9	Current Enrollment	2,402	99	94	657	191	99	0	161	30	49	52	20	16	19	16	16	14	19	0	184	57	9	31
2.10	Current Premium PMPM	\$542.49	\$522.49	\$557.98	\$478.30	\$616.64	\$499.61	\$555.90	\$623.40	\$489.41	\$526.04	\$606.90	\$599.11	\$488.17	\$764.17	\$651.52	\$378.56	\$700.04	\$576.24	\$527.30	\$675.53	\$644.51	\$504.18	\$644.28
2.11	Loss Ratio	82.08%	117.76%	93.77%	60.54%	21.32%	41.46%	#DIV/0!	114.35%	45.00%	48.73%	52.88%	54.55%	#DIV/0!	616.61%	105.03%	76.23%	185.84%	107.50%	#DIV/0!	170.83%	101.92%	97.99%	#DIV/0!
2.12	Per Member Per Month	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	\$424.58	
2.13	Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2.14	Member Cost Sharing	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	\$128.45	
2.15	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2.16	Incurred Claims	\$8,408,219	\$541,749	\$76,454	\$1,351,005	\$99,974	\$211,144	\$0	\$1,093,909	\$99,029	\$81,414	\$1,091,989	\$646,177	\$0	\$366,238	\$154,552	\$10,656	\$197,580	\$39,198	\$0	\$1,985,074	\$312,245	\$27,613	\$0
2.17	Risk Adjustment Transfer Amount	\$3,117,999	\$187,107	\$29,864	\$85,430	\$143,271	\$198,179	\$0	\$259,555	\$45,345	\$60,058	\$55,561	\$136,962	\$0	\$10,211	\$38,648	\$9,623	\$45,549	\$12,077	\$0	\$302,150	\$26,894	\$6,478	\$0
2.18	Member Cost Sharing	\$13,361,249	\$627,150	\$111,402	\$1,086,927	\$614,689	\$742,603	\$0	\$1,216,163	\$136,424	\$231,228	\$1,620,205	\$1,131,980	\$0	\$69,907	\$138,796	\$11,021	\$319,899	\$48,541	\$0	\$1,464,171	\$318,225	\$34,654	\$0
2.19	Premium	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60	\$470.60

Section III: Plan Adjustment Factors

Field #	Plan ID (Standard Component ID)	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018	13401PA0010019	13401PA0010020	
3.1	Market Adjusted Index Rate	0.6377	0.6994	0.7024	0.7004	0.7111	0.7844	0.9042	0.9130	0.7052	0.8546	0.8599	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3.2	AV and Cost Sharing Design of Plan	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.3	Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.4	Benefits in Addition to EHI	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5	Administrative Costs	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%	10.21%
3.6	Taxes and Fees	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%	2.52%
3.7	Profit & Risk Load	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
3.8	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.9	Plan Adjusted Index Rate	\$464.42	\$493.87	\$495.98	\$494.57	\$502.																

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 8	1.0000

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Cigna Health and Life Insurance		
Product(s):	EPO		
Market Segment:	Individual		
Rate Effective Date:	1/1/2024	to	12/31/2024
Base Period Start Date:	1/1/2022	to	12/31/2022
Date of Most Recent Membership:	2/1/2023		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2023)	Projected Rating Period
Average Age	39.5	39.8	38.8
Total	28,393	2,802	32,778
<18	1,765	162	2,079
18-24	1,853	178	2,826
25-29	5,131	510	5,229
30-34	3,578	361	3,869
35-39	2,761	265	3,463
40-44	2,369	232	2,541
45-49	2,063	187	2,311
50-54	2,246	250	3,139
55-59	3,136	264	3,346
60-63	2,959	305	3,149
64+	582	88	826

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 13,361,748.76	\$ 8,515,442.15	\$ 9,050,995.11	28,393	\$ 3,882,542.96	\$ 12,933,538.07	\$ -	\$ (642,776.23)	\$ -	\$ -	\$ (3,117,399.20)	\$ 475,412.40
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 432.88
Loss Ratio											77.44%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.38%	2.50%	0.00%	5.97%	28.65%
Outpatient Hospital	2.09%	2.50%	0.00%	4.64%	34.99%
Professional	3.50%	2.50%	0.00%	6.09%	16.94%
Other Medical	7.61%	2.50%	0.00%	10.30%	2.72%
Capitation				0.00%	0.00%
Prescription Drugs	6.90%	1.20%	0.00%	8.18%	16.69%
Total Annual Trend				6.02%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.124	

* Express Cost, Utilization, Induced Utilization and Weight as percentages
 ** should equal URRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-21				#DIV/0!		#DIV/0!				#DIV/0!
Feb-21				#DIV/0!		#DIV/0!				#DIV/0!
Mar-21				#DIV/0!		#DIV/0!				#DIV/0!
Apr-21				#DIV/0!		#DIV/0!				#DIV/0!
May-21				#DIV/0!		#DIV/0!				#DIV/0!
Jun-21				#DIV/0!		#DIV/0!				#DIV/0!
Jul-21				#DIV/0!		#DIV/0!				#DIV/0!
Aug-21				#DIV/0!		#DIV/0!				#DIV/0!
Sep-21				#DIV/0!		#DIV/0!				#DIV/0!
Oct-21				#DIV/0!		#DIV/0!				#DIV/0!
Nov-21				#DIV/0!		#DIV/0!				#DIV/0!
Dec-21				#DIV/0!		#DIV/0!				#DIV/0!
Jan-22	\$ 322,793.51	\$ 0.9664	\$ 334,003.42	1,469	\$ 227.37	\$ (45,950.92)	\$ 453,558.59	\$ 308.75		
Feb-22	\$ 657,941.73	\$ 0.9668	\$ 680,562.68	2,257	\$ 301.53	\$ (49,639.66)	\$ 924,167.31	\$ 409.47		
Mar-22	\$ 561,583.24	\$ 0.9579	\$ 586,288.27	2,338	\$ 250.76	\$ (54,955.32)	\$ 796,147.76	\$ 340.53		
Apr-22	\$ 456,780.31	\$ 0.9628	\$ 474,416.21	2,392	\$ 198.33	\$ (51,021.74)	\$ 646,231.55	\$ 269.33		
May-22	\$ 777,422.09	\$ 0.9610	\$ 809,004.63	2,452	\$ 329.94	\$ (49,880.49)	\$ 1,098,584.53	\$ 448.04		
Jun-22	\$ 971,428.73	\$ 0.9594	\$ 1,012,494.91	2,485	\$ 407.44	\$ (67,833.50)	\$ 1,374,913.33	\$ 553.29		
Jul-22	\$ 671,671.70	\$ 0.9314	\$ 721,129.79	2,563	\$ 281.36	\$ (51,648.20)	\$ 979,255.26	\$ 382.07		
Aug-22	\$ 1,017,104.07	\$ 0.9517	\$ 1,068,776.75	2,613	\$ 409.02	\$ (53,048.26)	\$ 1,451,341.02	\$ 555.43		
Sep-22	\$ 834,009.50	\$ 0.9450	\$ 882,572.28	2,526	\$ 349.40	\$ (53,888.20)	\$ 1,198,485.42	\$ 474.46		
Oct-22	\$ 901,913.52	\$ 0.8966	\$ 1,005,942.34	2,531	\$ 397.45	\$ (49,932.33)	\$ 1,366,015.30	\$ 539.71		
Nov-22	\$ 753,457.93	\$ 0.9204	\$ 818,810.36	2,820	\$ 324.92	\$ (57,892.45)	\$ 1,111,900.04	\$ 441.33		
Dec-22	\$ 13,361,748.76	\$ 0.8967	\$ 656,993.57	2,493	\$ 263.54	\$ (57,175.17)	\$ 892,161.74	\$ 357.87		

* Express Completion Factor as a percentage
 ** Express Prescription Drug Rebates as a negative number

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member + HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 2,340,003,955.36	\$ 2,282,504,719.57	\$ 2,342,618,502.82	3,991,966	\$ 400,919,505.89	\$ 2,743,538,008.71	\$ -	\$ (182,915,455.18)	\$ -	\$ -	\$ 116,232,900.11	\$ 641.44
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$
Loss Ratio											87.93%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	2.45%	2.50%	0.00%	6.04%	19.02%
Outpatient Hospital	3.20%	2.50%	0.00%	5.78%	22.58%
Professional	0.70%	2.50%	0.00%	3.22%	22.72%
Other Medical	7.20%	2.50%	0.00%	9.88%	4.40%
Capitation				0.00%	0.00%
Prescription Drugs				8.18%	31.27%
Total Annual Trend	6.90%	1.20%	0.00%	6.20%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.128	

* Express Cost, Utilization, Induced Utilization and Weight as percentages

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19	\$	\$ 73,124,532.19	1.0000	\$ 73,124,532.19	292,092	\$ 250.35		\$ (621,650.03)	\$ 146,659,531.99	\$ 502.10
Feb-19	\$	\$ 83,653,336.42	1.0000	\$ 83,653,336.42	276,236	\$ 302.83		\$ (4,477,966.70)	\$ 164,009,432.81	\$ 593.73
Mar-19	\$	\$ 84,024,779.29	1.0000	\$ 84,024,779.29	269,987	\$ 311.22		\$ (5,573,225.09)	\$ 163,662,302.88	\$ 606.19
Apr-19	\$	\$ 102,438,641.53	1.0000	\$ 102,438,641.53	265,165	\$ 386.32		\$ (6,687,463.48)	\$ 200,635,691.80	\$ 756.64
May-19	\$	\$ 90,774,332.70	1.0000	\$ 90,774,332.70	258,972	\$ 350.52		\$ (3,220,542.35)	\$ 179,609,359.16	\$ 693.55
Jun-19	\$	\$ 85,639,845.88	1.0000	\$ 85,639,845.88	253,358	\$ 338.02		\$ (2,730,546.15)	\$ 169,757,910.89	\$ 670.03
Jul-19	\$	\$ 105,852,453.39	1.0000	\$ 105,852,453.39	248,126	\$ 426.61		\$ (7,316,230.74)	\$ 205,882,732.58	\$ 829.75
Aug-19	\$	\$ 95,713,586.72	1.0000	\$ 95,713,586.72	244,486	\$ 391.49		\$ (5,120,896.37)	\$ 187,657,228.37	\$ 767.56
Sep-19	\$	\$ 94,884,309.61	1.0000	\$ 94,884,309.61	240,524	\$ 394.49		\$ (7,348,956.38)	\$ 183,718,909.29	\$ 763.83
Oct-19	\$	\$ 109,846,575.07	1.0000	\$ 109,846,575.07	237,038	\$ 463.41		\$ (6,168,567.75)	\$ 215,075,014.03	\$ 907.34
Nov-19	\$	\$ 101,506,986.48	1.0000	\$ 101,506,986.48	233,409	\$ 434.89		\$ (4,958,677.17)	\$ 199,488,018.14	\$ 854.67
Dec-19	\$ 1,818,049,985.58	\$ 104,673,142.13	1.0000	\$ 104,673,142.13	228,375	\$ 458.34	21.2%	\$ (5,960,126.36)	\$ 204,863,569.03	\$ 897.05
Jan-20	\$	\$ 79,594,052.30	1.0000	\$ 79,594,052.30	247,999	\$ 320.95		\$ (817,059.88)	\$ 94,371,661.41	\$ 380.53
Feb-20	\$	\$ 81,685,200.89	1.0000	\$ 81,685,200.89	246,584	\$ 331.27		\$ (5,885,573.44)	\$ 91,804,010.09	\$ 372.30
Mar-20	\$	\$ 86,144,324.93	1.0000	\$ 86,144,324.93	244,423	\$ 352.44		\$ (7,325,116.03)	\$ 95,697,256.87	\$ 391.52
Apr-20	\$	\$ 73,013,321.78	1.0000	\$ 73,013,321.78	243,570	\$ 299.76		\$ (7,475,264.17)	\$ 79,843,380.08	\$ 327.80
May-20	\$	\$ 78,189,720.08	1.0000	\$ 78,189,720.08	243,694	\$ 320.85		\$ (4,232,889.57)	\$ 89,276,352.11	\$ 366.35
Jun-20	\$	\$ 123,678,761.55	1.0000	\$ 123,678,761.55	243,916	\$ 507.05		\$ (3,588,867.67)	\$ 144,321,972.68	\$ 591.69
Jul-20	\$	\$ 122,513,944.64	1.0000	\$ 122,513,944.64	243,445	\$ 503.25		\$ (9,616,019.11)	\$ 136,901,784.58	\$ 562.35
Aug-20	\$	\$ 114,556,844.00	1.0000	\$ 114,556,844.00	242,586	\$ 472.23		\$ (6,730,602.02)	\$ 130,271,085.67	\$ 537.01
Sep-20	\$	\$ 118,034,245.44	1.0000	\$ 118,034,245.44	241,210	\$ 489.34		\$ (9,711,605.37)	\$ 131,448,802.56	\$ 544.96
Oct-20	\$	\$ 122,595,914.39	1.0000	\$ 122,595,914.39	239,088	\$ 512.76		\$ (8,107,599.04)	\$ 138,508,234.53	\$ 579.32
Nov-20	\$	\$ 107,410,310.14	1.0000	\$ 107,410,310.14	236,110	\$ 454.92		\$ (6,517,390.73)	\$ 121,937,560.10	\$ 516.44
Dec-20	\$ 1,521,338,726.15	\$ 151,183,773.39	1.0000	\$ 151,183,773.39	232,958	\$ 648.97	17.8%	\$ (7,833,636.06)	\$ 172,971,206.17	\$ 742.50
Jan-21	\$	\$ 105,291,335.31	1.0000	\$ 105,291,335.31	385,017	\$ 273.47		\$ (6,923,220.49)	\$ 125,920,810.43	\$ 327.05
Feb-21	\$	\$ 118,478,049.02	1.0000	\$ 118,478,049.02	313,300	\$ 378.16		\$ (7,671,439.77)	\$ 141,691,164.86	\$ 452.25
Mar-21	\$	\$ 150,807,911.50	1.0000	\$ 150,807,911.50	318,312	\$ 473.77		\$ (9,106,004.14)	\$ 180,355,338.63	\$ 566.60
Apr-21	\$	\$ 153,548,769.44	1.0000	\$ 153,548,769.44	324,641	\$ 472.98		\$ (8,551,858.15)	\$ 183,633,206.20	\$ 565.65
May-21	\$	\$ 153,704,547.43	1.0000	\$ 153,704,547.43	336,270	\$ 457.09		\$ (6,741,638.34)	\$ 183,819,505.40	\$ 546.64
Jun-21	\$	\$ 167,214,052.24	1.0000	\$ 167,214,052.24	345,566	\$ 483.88		\$ (12,387,546.19)	\$ 199,975,894.60	\$ 578.69
Jul-21	\$	\$ 171,406,905.81	1.0000	\$ 171,406,905.81	353,417	\$ 485.00		\$ (9,967,074.62)	\$ 204,990,243.77	\$ 580.02
Aug-21	\$	\$ 187,211,641.10	1.0000	\$ 187,211,641.10	364,661	\$ 513.39		\$ (10,629,380.39)	\$ 223,891,562.38	\$ 613.97
Sep-21	\$	\$ 187,603,477.18	1.0000	\$ 187,603,477.18	376,426	\$ 498.38		\$ (11,033,855.55)	\$ 224,360,169.96	\$ 596.03
Oct-21	\$	\$ 187,132,830.39	1.0000	\$ 187,132,830.39	377,978	\$ 495.09		\$ (10,261,009.84)	\$ 223,797,310.48	\$ 592.09
Nov-21	\$	\$ 195,833,225.69	1.0000	\$ 195,833,225.69	378,160	\$ 517.86		\$ (10,437,863.29)	\$ 234,202,353.07	\$ 619.32
Dec-21	\$ 2,203,274,345.15	\$ 211,722,411.73	1.0000	\$ 211,722,411.73	373,943	\$ 566.19	16.4%	\$ (11,656,507.58)	\$ 253,204,668.67	\$ 677.12
Jan-22	\$	\$ 162,192,974.53	0.9993	\$ 162,329,808.28	343,329	\$ 472.81		\$ (12,847,038.83)	\$ 190,111,193.28	\$ 553.73
Feb-22	\$	\$ 159,982,150.15	0.9960	\$ 160,626,077.52	333,231	\$ 482.03		\$ (14,053,560.45)	\$ 188,115,883.29	\$ 564.52
Mar-22	\$	\$ 193,470,904.62	0.9993	\$ 193,564,452.71	332,271	\$ 582.55		\$ (15,782,439.64)	\$ 226,691,385.09	\$ 682.25
Apr-22	\$	\$ 186,229,625.90	0.9964	\$ 186,895,534.52	333,204	\$ 560.90		\$ (14,007,343.25)	\$ 218,881,137.49	\$ 656.90
May-22	\$	\$ 193,148,707.24	0.9940	\$ 194,311,236.39	335,257	\$ 579.59		\$ (14,304,509.83)	\$ 227,565,974.53	\$ 678.78
Jun-22	\$	\$ 194,334,008.56	0.9993	\$ 196,193,199.09	337,516	\$ 581.29		\$ (19,034,529.42)	\$ 228,770,019.37	\$ 680.77
Jul-22	\$	\$ 193,416,705.73	0.9834	\$ 196,671,015.75	341,017	\$ 576.74		\$ (14,769,533.82)	\$ 230,336,637.18	\$ 675.44
Aug-22	\$	\$ 214,780,206.65	0.9794	\$ 218,800,056.42	342,729	\$ 639.86		\$ (15,250,760.97)	\$ 256,831,421.49	\$ 749.37
Sep-22	\$	\$ 194,645,533.09	0.9677	\$ 201,147,217.62	333,562	\$ 603.03		\$ (15,393,486.76)	\$ 235,571,876.61	\$ 706.23
Oct-22	\$	\$ 202,351,332.47	0.9531	\$ 212,299,547.45	333,026	\$ 637.49		\$ (14,535,160.18)	\$ 248,632,834.13	\$ 746.59
Nov-22	\$	\$ 197,408,698.25	0.9369	\$ 210,713,317.05	333,116	\$ 632.55		\$ (16,532,090.25)	\$ 246,775,133.71	\$ 740.81
Dec-22	\$ 2,340,003,955.36	\$ 190,543,877.38	0.9138	\$ 208,561,040.03	327,488	\$ 636.85	14.6%	\$ (16,405,001.79)	\$ 244,254,512.53	\$ 745.84

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information

Carrier Name:	Cigna Health and Life Insurance	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	50%
Rate Effective Date:	1/1/2024		
Incurred Dates:	1/1/2022 to 12/31/2022	Proj. Incurred Claim Impact:	-3.9%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	3,823	27,851	4,288,937	\$4,288,937
\$30,000	\$34,999	12	117	388,848	\$388,848
\$35,000	\$39,999	6	60	226,468	\$226,468
\$40,000	\$44,999	4	41	174,552	\$174,552
\$45,000	\$49,999	4	30	188,688	\$188,688
\$50,000	\$54,999	6	55	323,207	\$323,207
\$55,000	\$59,999	4	39	229,579	\$229,579
\$60,000	\$64,999	4	38	247,849	\$243,924
\$65,000	\$69,999	2	21	134,656	\$127,328
\$70,000	\$74,999	4	38	290,746	\$265,373
\$75,000	\$79,999	3	25	225,746	\$202,873
\$80,000	\$84,999	0	0	0	\$0
\$85,000	\$89,999	1	6	87,272	\$73,636
\$90,000	\$94,999	2	18	184,101	\$152,051
\$95,000	\$99,999	1	12	98,952	\$79,476
\$100,000	\$109,999	1	11	109,217	\$89,217
\$110,000	\$119,999	3	26	349,792	\$289,792
\$120,000	\$129,999	1	7	123,557	\$103,557
\$130,000	\$139,999	0	0	0	\$0
\$140,000	\$149,999	0	0	0	\$0
\$150,000	\$159,999	0	0	0	\$0
\$160,000	\$169,999	0	0	0	\$0
\$170,000	\$179,999	2	18	350,587	\$310,587
\$180,000	\$189,999	1	12	189,703	\$169,703
\$190,000	\$199,999	1	7	192,109	\$172,109
\$200,000	\$209,999	0	0	0	\$0
\$210,000	\$219,999	0	0	0	\$0
\$220,000	\$229,999	1	12	224,134	\$204,134
\$230,000	\$239,999	0	0	0	\$0
\$240,000	\$249,999	0	0	0	\$0
\$250,000	\$259,999	0	0	0	\$0
\$260,000	\$269,999	0	0	0	\$0
\$270,000	\$279,999	0	0	0	\$0
\$280,000	\$289,999	0	0	0	\$0
\$290,000	\$299,999	0	0	0	\$0
\$300,000	\$324,999	1	7	308,636	\$288,636
\$325,000	\$349,999	0	0	0	\$0
\$350,000	\$374,999	0	0	0	\$0
\$375,000	\$399,999	1	8	377,474	\$357,474
\$400,000	\$424,999	1	6	424,598	\$404,598
\$425,000	\$449,999	0	0	0	\$0
\$450,000	\$474,999	0	0	0	\$0
\$475,000	\$499,999	0	0	0	\$0
\$500,000	\$599,999	0	0	0	\$0
\$600,000	\$699,999	0	0	0	\$0
\$700,000	\$799,999	0	0	0	\$0
\$800,000	\$899,999	0	0	0	\$0
\$900,000	\$999,999	0	0	0	\$0
\$1,000,000+		0	0	0	\$0
Total		3,889	28,465	\$9,739,408	\$9,354,748

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information

Carrier Name:	Cigna Health and Life Insurance	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	50%
Rate Effective Date:	1/1/2024	Proj. Incurred Claim Impact:	-4.3%
		Proj. Morbidity Impact:	0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2024					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	3,812	27,751	4,482,861	\$4,482,861
\$30,000	\$34,999	14	128	455,773	\$455,773
\$35,000	\$39,999	9	89	335,191	\$335,191
\$40,000	\$44,999	6	60	255,324	\$255,324
\$45,000	\$49,999	4	41	196,793	\$196,793
\$50,000	\$54,999	3	22	157,602	\$157,602
\$55,000	\$59,999	2	20	114,529	\$114,529
\$60,000	\$64,999	7	63	431,588	\$425,794
\$65,000	\$69,999	4	36	269,535	\$254,768
\$70,000	\$74,999	2	21	142,128	\$131,064
\$75,000	\$79,999	3	31	231,545	\$205,772
\$80,000	\$84,999	5	45	417,296	\$358,648
\$85,000	\$89,999	1	8	85,277	\$72,638
\$90,000	\$94,999	0	0	0	\$0
\$95,000	\$99,999	1	6	98,392	\$79,196
\$100,000	\$109,999	2	18	207,559	\$167,559
\$110,000	\$119,999	1	12	111,560	\$91,560
\$120,000	\$129,999	1	11	123,134	\$103,134
\$130,000	\$139,999	4	33	533,663	\$453,663
\$140,000	\$149,999	0	0	0	\$0
\$150,000	\$159,999	0	0	0	\$0
\$160,000	\$169,999	0	0	0	\$0
\$170,000	\$179,999	0	0	0	\$0
\$180,000	\$189,999	0	0	0	\$0
\$190,000	\$199,999	1	12	192,450	\$172,450
\$200,000	\$209,999	1	6	202,809	\$182,809
\$210,000	\$219,999	2	19	430,462	\$390,462
\$220,000	\$229,999	0	0	0	\$0
\$230,000	\$239,999	0	0	0	\$0
\$240,000	\$249,999	0	0	0	\$0
\$250,000	\$259,999	1	12	252,693	\$232,693
\$260,000	\$269,999	0	0	0	\$0
\$270,000	\$279,999	0	0	0	\$0
\$280,000	\$289,999	0	0	0	\$0
\$290,000	\$299,999	0	0	0	\$0
\$300,000	\$324,999	0	0	0	\$0
\$325,000	\$349,999	1	7	347,962	\$327,962
\$350,000	\$374,999	0	0	0	\$0
\$375,000	\$399,999	0	0	0	\$0
\$400,000	\$424,999	0	0	0	\$0
\$425,000	\$449,999	1	8	425,572	\$405,572
\$450,000	\$474,999	0	0	0	\$0
\$475,000	\$499,999	1	6	478,699	\$458,699
\$500,000	\$599,999	0	0	0	\$0
\$600,000	\$699,999	0	0	0	\$0
\$700,000	\$799,999	0	0	0	\$0
\$800,000	\$899,999	0	0	0	\$0
\$900,000	\$999,999	0	0	0	\$0
\$1,000,000+		0	0	0	\$0
Total		3,889	28,465	\$10,980,397	\$10,512,516

**PA Rate Template Part II
Rate Development and Change**

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPD
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 432.88	\$ 641.44	< Actual Experience PMPM should be consistent with the index Rate for Experience Period on URRT
Two year trend projection factor	1.124	1.120	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 486.56	\$ 723.39	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.017	0.619	< See URRT Instructions
Total Non-Morbidity Changes	0.950	1.008	
Change in Demographics	1.003	1.029	< See URRT Instructions
Change in Network	1.000	1.027	
Change in Benefits	1.001	1.002	< See URRT Instructions
Change in Other	0.946	0.951	< See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 469.98	\$ 450.98	
Credibility Factors	53%	47%	< See Instructions
Blended Projected EHB Claims PMPM		\$ 461.05	< Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 461.05		< index Rate for Projection Period on URRT
Projected Paid to Allowed Rate	\$ 0.792		
Projected Incurred EHB Claims PMPM	\$ 365.38		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	\$ 511.70		
Projected Incurred Exchange User Fees PMPM	\$ 55.46		
Projected Incurred Reinsurance Recoveries PMPM	\$ 55.57		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 477.17		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 602.11		< Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ -		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 477.17		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 602.11		

Table 6. Retention

Retention Items - Expires in percentages	Percentages	PMPM Amounts
Administrative Expenses	10.03%	\$66.13
General and Claims	9.01%	\$50.43
Agent/Broker Fees and Commissions	0.80%	\$4.82
Quality Improvement Initiatives	5.14%	\$27.87
Taxes and Fees	2.70%	\$15.10
Risk Adjustment User Fee	0.04%	\$0.21
PCORI fee	0.01%	\$0.05
PA Premium & Other Taxes (if applicable)	2.23%	\$12.47
Federal Income Tax	0.42%	\$2.35
Health Insurance Providers Fee (Prorated for Small Groups only)		\$0.00
Profit/Contingency (after tax)	2.00%	\$11.19
Total Retention		\$82.42
Projected Required Revenue PMPM		\$ 559.59

Table 8. Components of Rate Change

Rate Components	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 314.43	\$ 355.63	\$ 41.19	13.1%
B. Base period allowed claims before normalization	\$ 533.11	\$ 530.91	\$ (2.20)	-0.7%
C. Normalization factor component of change	\$ (206.63)	\$ (193.35)	\$ 13.28	4.2%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 326.47	\$ 337.55	\$ 11.08	3.3%
D2. URRT Trend	\$ 36.12	\$ 42.45	\$ 6.33	2.0%
D3. URRT Morbidity	\$ (43.02)	\$ (64.69)	\$ (21.66)	-6.9%
D4. URRT Other	\$ (11.47)	\$ (7.25)	\$ 4.22	1.3%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 21.98	\$ 80.62	\$ 57.64	21.5%
D6. Normalized Exchange User Fee on an allowed basis	\$ 11.16	\$ 12.56	\$ 1.40	0.4%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (14.00)	\$ (12.49)	\$ 1.51	0.3%
D8. Subtotal - Sum(D1-D7)	\$ 327.24	\$ 397.76	\$ 70.52	22.4%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (87.54)	\$ (83.46)	\$ (15.92)	-5.1%
E3. Benefits Richness	\$ (1.64)	\$ (0.04)	\$ 1.61	0.5%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (69.19)	\$ (83.50)	\$ (14.31)	-4.6%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 39.43	\$ 35.67	\$ (3.76)	-1.2%
F2. Taxes and Fees	\$ 7.92	\$ 9.60	\$ 1.68	0.5%
F3. Profit and/or Contingency	\$ 6.29	\$ 7.12	\$ 0.82	0.3%
F4. Subtotal - Sum(F1-F3)	\$ 53.64	\$ 52.38	\$ (1.26)	-0.4%
G. Change in Miscellaneous Items			\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 311.70	\$ 366.64	\$ 54.94	17.5%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 530.91	< Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 1,106,883,585.86	
Blended Loss Ratio	82.37%	

Table 5A. Small Group Projected Index Rate with Quarterly Trend

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Total Single Risk Pool
# of Member Months Renewing in Quarter					
Adjusted Projected Allowed EHB Claims PMPM	\$ 461.05	\$ 461.05	\$ 461.05	\$ 461.05	\$ 461.05
Months of Trend		3	6	9	
Annual Trend	6.10%	6.10%	6.30%	6.30%	
Single Risk Pool Projected Allowed Claims	\$ 461.05	\$ 467.93	\$ 474.91	\$ 481.99	\$ -
Quarterly Trend Factor	1.000	1.015	1.030	1.045	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.633	1.513
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 534.38	\$ 602.11
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 327.24	\$ 382.83

Table 9. Year-over-Year Data to Support Table 8

	2023	2024	
Paid-to-Allowed	0.796	0.792	
URRT Trend (Total Applied Trend Factor)	1.111	1.126	< URRT W1, S2
URRT Morbidity	0.881	0.830	< URRT W1, S2
URRT "Other"	0.966	0.977	< URRT W1, S2
Risk Adjustment	\$ 28.48	\$ 111.70	< URRT W1, S3
Exchange User Fee	\$ 14.46	\$ 15.60	< URRT W1, S3
Reinsurance Recoveries	\$ 18.14	\$ 15.57	< URRT W1, S3
Capitation	\$ -	\$ -	< URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.794	0.790	
Benefits Richness	0.994	1.000	< For 2023 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	12.24%	10.03%	
Taxes and Fees	2.52%	2.70%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024
 Base Period Start Date: 1/1/2023
 Date of Most Recent Membership: 2/1/2023
 Market Adjusted Index Rate: \$ 602.11

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2023 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2024	1/1/2024 HIOS Plan ID (If 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)
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Totals - Current Membership									0.266	0.790
Total - Projected Membership									0.318	0.790
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A
Plan 1	13401PA0010001	EPO	Connect Bronze 9100	M		Bronze	60.17%	Approach 1	On/Off	0.691
Plan 2	13401PA0010002	EPO	Connect Bronze 7800	M		Expanded Br	64.36%	Approach 1	On/Off	0.725
Plan 3	13401PA0010003	EPO	Connect Bronze 6500	M		Expanded Br	0.6488	Approach 1	On/Off	0.727
Plan 4	13401PA0010004	EPO	Connect Bronze 6800 Enhanced Diabetes Care	M		Expanded Br	0.6422	Approach 1	On/Off	0.725
Plan 5	13401PA0010005	EPO	Connect Bronze HSA 6100	M		Expanded Br	64.32%	Approach 1	On/Off	0.734
Plan 6	13401PA0010019	EPO	Connect Bronze 0	M		Expanded Br	64.88%	Approach 1	On/Off	0.788
Plan 7	13401PA0010006	EPO	Connect Silver 5550	M		Silver	70.05%	Approach 1	On/Off	0.710
Plan 8	13401PA0010007	EPO	Connect Silver 6000	M		Silver	70.29%	Approach 1	On/Off	0.715
Plan 9	13401PA0010013	EPO	Connect Silver 2000	M		Silver	71.21%	Approach 1	Off	0.729
Plan 10	13401PA0010014	EPO	Connect Gold 1000	M		Gold	78.10%	Approach 1	On/Off	0.835
Plan 11	13401PA0010015	EPO	Connect Gold 2500	M		Gold	0.7801	Approach 1	On/Off	0.839
Plan 12	13401PA0010020	EPO	Connect Bronze 7600 Enhanced Asthma COPD Care	DM	13401PA0010002	Expanded Br	64.36%	Approach 1	On/Off	0.725
Plan 13	13401PA0010008	EPO	Connect Silver 3600	DM	13401PA0010006	Silver	70.05%	Approach 1	On/Off	0.710
Plan 14	13401PA0010009	EPO	Connect Silver 3000	DM	13401PA0010006	Silver	70.05%	Approach 1	On/Off	0.710
Plan 15	13401PA0010010	EPO	Connect Silver 3800 Enhanced Diabetes Care	DM	13401PA0010007	Silver	70.29%	Approach 1	On/Off	0.715
Plan 16	13401PA0010011	EPO	Connect Silver 4200 Enhanced Asthma COPD Care	DM	13401PA0010007	Silver	70.29%	Approach 1	On/Off	0.715
Plan 17	13401PA0010012	EPO	Connect Silver 4400	DM	13401PA0010013	Silver	71.21%	Approach 1	Off	0.729
Plan 18	13401PA0010021	EPO	Connect HSA Silver 5400	DM	13401PA0010013	Silver	71.21%	Approach 1	Off	0.729
Plan 19	13401PA0010016	EPO	Connect Gold 750	DM	13401PA0010014	Gold	78.10%	Approach 1	On/Off	0.835
Plan 20	13401PA0010017	EPO	Connect Gold 1900 Enhanced Diabetes Care	DM	13401PA0010014	Gold	78.10%	Approach 1	On/Off	0.835
Plan 21	13401PA0010018	EPO	Connect Gold 900	DM	13401PA0010013	Gold	71.21%	Approach 1	Off	0.729
Plan 22	13401PA0010022	EPO	Connect Gold 2100 Enhanced Asthma COPD Care	DM	13401PA0010015	Gold	0.7801	Approach 1	On/Off	0.839

Calibration	
Age Calibration Factor	1.572
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.000
Aggregate Calibration Factor	1.572

Total Covered Lives @ 02-01-2023
2,802

45 CFR Part 156.8 (d) (2) Allowable Factors

Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency
1.000	1.000	1.000	1.000	1.023	\$ 476.81	10.0%	2.7%	2.0%
1.000	1.000	1.000	1.000	1.022	\$ 476.96	10.0%	2.7%	2.0%
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0.952	1.000	1.000	1.000	1.000	\$396.01	10.0%	2.7%	2.0%
0.965	1.000	1.000	1.000	1.000	\$421.12	10.0%	2.7%	2.0%
0.966	1.000	1.000	1.000	1.000	\$422.93	10.0%	2.7%	2.0%
0.966	1.000	1.000	1.000	1.000	\$421.72	10.0%	2.7%	2.0%
0.969	1.000	1.000	1.000	1.000	\$428.17	10.0%	2.7%	2.0%
0.996	1.000	1.000	1.000	1.000	\$472.30	10.0%	2.7%	2.0%
1.043	1.000	1.000	1.000	1.220	\$544.43	10.0%	2.7%	2.0%
1.047	1.000	1.000	1.000	1.220	\$549.73	10.0%	2.7%	2.0%
0.967	1.000	1.000	1.000	1.000	\$424.61	10.0%	2.7%	2.0%
1.023	1.000	1.000	1.000	1.000	\$514.57	10.0%	2.7%	2.0%
1.025	1.000	1.000	1.000	1.000	\$517.76	10.0%	2.7%	2.0%
0.965	1.000	1.000	1.000	1.000	\$421.12	10.0%	2.7%	2.0%
1.043	1.000	1.000	1.000	1.220	\$544.43	10.0%	2.7%	2.0%
1.043	1.000	1.000	1.000	1.220	\$544.43	10.0%	2.7%	2.0%
1.047	1.000	1.000	1.000	1.220	\$549.73	10.0%	2.7%	2.0%
1.047	1.000	1.000	1.000	1.220	\$549.73	10.0%	2.7%	2.0%
0.967	1.000	1.000	1.000	1.000	\$424.61	10.0%	2.7%	2.0%
0.967	1.000	1.000	1.000	1.000	\$424.61	10.0%	2.7%	2.0%
1.023	1.000	1.000	1.000	1.000	\$514.57	10.0%	2.7%	2.0%
1.023	1.000	1.000	1.000	1.000	\$514.57	10.0%	2.7%	2.0%
0.967	1.000	1.000	1.000	1.000	\$424.61	10.0%	2.7%	2.0%
1.025	1.000	1.000	1.000	1.000	\$517.76	10.0%	2.7%	2.0%

Total Covered Lives Mapped into 2024 Plans @ 02-01-2023	Total Projected Lives
2,802	2,732

2023 Calibrated Plan Adjusted Index Rate PMPM
\$ 314.43

-	
99	102
94	98
657	642
87	89
150	148
95	88
161	204
30	74
50	90
492	692
306	504
20	
16	
52	
11	
19	
16	
16	
334	
57	
9	
31	

N/A
\$ 261.58
\$ 274.05
\$ 278.35
\$ 275.71
\$ 283.68
\$ 302.34
\$ 358.05
\$ 359.04
\$ 277.13
\$ 334.61
\$ 331.73
\$ 276.10
\$ 362.00
\$ 364.52
\$ 361.17
\$ 361.52
\$ 270.78
\$ 279.50
\$ 359.83
\$ 336.75
\$ 356.99
\$ 333.19

2024 Calibrated Plan Adjusted Index Rate PMPM

\$ 355.63

N/A
\$ 295.37
\$ 314.10
\$ 315.44
\$ 314.54
\$ 319.35
\$ 352.27
\$ 406.07
\$ 410.02
\$ 316.70
\$ 383.79
\$ 386.17
\$ 314.10
\$ 406.07
\$ 406.07
\$ 410.02
\$ 410.02
\$ 316.70
\$ 316.70
\$ 383.79
\$ 383.79
\$ 316.70
\$ 386.17

Proposed Rate Change Compared to Prior 12 months

13.1%

N/A
12.9%
14.6%
13.3%
14.1%
12.6%
16.5%
13.4%
14.2%
14.3%
14.7%
16.4%
13.8%
12.2%
11.4%
13.5%
13.4%
17.0%
13.3%
6.7%
14.0%
-11.3%
15.9%

% of Total Covered Lives

23.4%

N/A
3.5%
3.4%
23.4%
3.1%
5.4%
3.4%
5.7%
1.1%
1.8%
17.6%
10.9%
0.7%
0.6%
1.9%
0.4%
0.7%
0.6%
0.6%
11.9%
2.0%
0.3%
1.1%

02-01-2023 Number of Covered Lives by Rating Area

1	2	3	4	5	6	7	8	9	Total	2024 Continued/Discontinued Plans Indicator	De Minimis Check
-	-	-	-	-	-	-	-	2,802	-	2,802	
									-	0	
							99		99	1	no
							94		94	1	no
							657		657	1	yes
							87		87	1	yes
							150		150	1	no
							95		95	1	no
							161		161	1	no
							30		30	1	no
							50		50	1	no
							492		492	1	no
							306		306	1	yes
							20		20	1	no
							16		16	1	no
							52		52	1	no
							11		11	1	no
							19		19	1	no
							16		16	1	no
							16		16	1	no
							334		334	1	no
							57		57	1	no
							9		9	1	no
							31		31	1	yes

PA Rate Template Part IV A - Individual

Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Cigna Health and Life Insurance
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Plan Number	HIOS Plan ID (Standard Component)	1/1/2023 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2024	1/1/2024 Plan HIOS Plan ID (If 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
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Totals These cells auto-fill using the data entered in Table 10.

Plan 1	13401PA0010001	Connect Bronze 9100	M	0	Bronze	On/Off
Plan 2	13401PA0010002	Connect Bronze 7800	M	0	Expanded Bron	On/Off
Plan 3	13401PA0010003	Connect Bronze 6500	M	0	Expanded Bron	On/Off
Plan 4	13401PA0010004	ronze 6800 Enhanced Dial	M	0	Expanded Bron	On/Off
Plan 5	13401PA0010005	Connect Bronze HSA 6100	M	0	Expanded Bron	On/Off
Plan 6	13401PA0010019	Connect Bronze 0	M	0	Expanded Bron	On/Off
Plan 7	13401PA0010006	Connect Silver 5550	M	0	Silver	On/Off
Plan 8	13401PA0010007	Connect Silver 6000	M	0	Silver	On/Off
Plan 9	13401PA0010013	Connect Silver 2000	M	0	Silver	Off
Plan 10	13401PA0010014	Connect Gold 1000	M	0	Gold	On/Off
Plan 11	13401PA0010015	Connect Gold 2500	M	0	Gold	On/Off
Plan 12	13401PA0010020	ize 7600 Enhanced Asthm	DM	13401PA0010002	Expanded Bron	On/Off
Plan 13	13401PA0010008	Connect Silver 3600	DM	13401PA0010006	Silver	On/Off
Plan 14	13401PA0010009	Connect Silver 3000	DM	13401PA0010006	Silver	On/Off
Plan 15	13401PA0010010	ilver 3800 Enhanced Dial	DM	13401PA0010007	Silver	On/Off
Plan 16	13401PA0010011	er 4200 Enhanced Asthm	DM	13401PA0010007	Silver	On/Off
Plan 17	13401PA0010012	Connect Silver 4400	DM	13401PA0010013	Silver	Off
Plan 18	13401PA0010021	Connect HSA Silver 5400	DM	13401PA0010013	Silver	Off
Plan 19	13401PA0010016	Connect Gold 750	DM	13401PA0010014	Gold	On/Off
Plan 20	13401PA0010017	Gold 1900 Enhanced Dial	DM	13401PA0010014	Gold	On/Off
Plan 21	13401PA0010018	Connect Gold 900	DM	13401PA0010013	Gold	Off
Plan 22	13401PA0010022	id 2100 Enhanced Asthm	DM	13401PA0010015	Gold	On/Off

2023 21-year-old, Non-Tobacco Premium PMPM									Average (weighted by enrollment by rating area)
1	2	3	4	5	6	7	8	9	

\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ 314.43 \$ - \$ 314.43

\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 261.58	\$ -	\$ 261.58
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\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 283.68	\$ -	\$ 283.68
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 302.34	\$ -	\$ 302.34
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\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 359.83	\$ -	\$ 359.83
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 336.75	\$ -	\$ 336.75
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 356.99	\$ -	\$ 356.99
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 333.19	\$ -	\$ 333.19

02-01-2023 Number of Covered Lives by County

Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland	4	Bedford	Blair	Cambria	Clearfield	Huntingdon	Jefferson	Somerset	5	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	
0	0	0	0	0	0	0	0	0	0	0	Match	0	0	0	0	0	0	0	Match	0	0	0	0	0	0

											Match								Match						
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PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	13.10%
Revised Requested Average Rate Change:	13.10%
Minimum Requested Rate Change:	-11.28%
Maximum Requested Rate Change:	16.96%
Mapped Members:	2,802
Available in Rating Areas:	Rating Area 8

Key Information

Jan. 2022 - Dec. 2022 Financial Experience

Premium	\$	13,361,748.76
Claims	\$	11,765,380.10
Administrative Expenses	\$	1,364,234.55
Taxes & Fees	\$	336,716.07
Company Made After Taxes	\$	(104,581.96)

Carrier Name:	Cigna Health and Life Insurance
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	1/1/2024

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:

Claims:	82%
Administrative Expenses:	10%
Taxes & Fees:	5%
Profit:	2%

Rating Area	Active Rating Areas	Count of Remaining Active Rating Areas	Text
1			1
2			1
3			1
4			1
5			1
6			1
7			1
8	8		1 8
9			0

The company expects its annual medical costs to increase:

6.02%

Explanation of requested rate change:

The requested rate change is mainly driven by the medical inflation and unit cost changes of medical services year over year

2024 Rates Table Template v13.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	13401				
Rate Effective Date*	1/1/2024				
Rate Expiration Date*	12/31/2024				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>	
13401PA0010001	Rating Area 8	No Preference	0-14	225.96	
13401PA0010001	Rating Area 8	No Preference	15	246.04	
13401PA0010001	Rating Area 8	No Preference	16	253.72	
13401PA0010001	Rating Area 8	No Preference	17	261.40	
13401PA0010001	Rating Area 8	No Preference	18	269.67	
13401PA0010001	Rating Area 8	No Preference	19	277.94	
13401PA0010001	Rating Area 8	No Preference	20	286.51	
13401PA0010001	Rating Area 8	No Preference	21	295.37	
13401PA0010001	Rating Area 8	No Preference	22	295.37	
13401PA0010001	Rating Area 8	No Preference	23	295.37	
13401PA0010001	Rating Area 8	No Preference	24	295.37	
13401PA0010001	Rating Area 8	No Preference	25	296.55	
13401PA0010001	Rating Area 8	No Preference	26	302.46	
13401PA0010001	Rating Area 8	No Preference	27	309.55	
13401PA0010001	Rating Area 8	No Preference	28	321.07	
13401PA0010001	Rating Area 8	No Preference	29	330.52	
13401PA0010001	Rating Area 8	No Preference	30	335.24	
13401PA0010001	Rating Area 8	No Preference	31	342.33	
13401PA0010001	Rating Area 8	No Preference	32	349.42	
13401PA0010001	Rating Area 8	No Preference	33	353.85	
13401PA0010001	Rating Area 8	No Preference	34	358.58	
13401PA0010001	Rating Area 8	No Preference	35	360.94	
13401PA0010001	Rating Area 8	No Preference	36	363.30	
13401PA0010001	Rating Area 8	No Preference	37	365.67	
13401PA0010001	Rating Area 8	No Preference	38	368.03	
13401PA0010001	Rating Area 8	No Preference	39	372.75	
13401PA0010001	Rating Area 8	No Preference	40	377.48	
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13401PA0010002	Rating Area 8	No Preference	30	356.50	
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13401PA0010005	Rating Area 8	No Preference	64 and over	958.05
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13401PA0010019	Rating Area 8	No Preference	16	302.60
13401PA0010019	Rating Area 8	No Preference	17	311.76
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13401PA0010019	Rating Area 8	No Preference	54	752.09
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13401PA0010019	Rating Area 8	No Preference	59	916.95
13401PA0010019	Rating Area 8	No Preference	60	956.06
13401PA0010019	Rating Area 8	No Preference	61	989.87
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13401PA0010006	Rating Area 8	No Preference	21	406.07
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13401PA0010006	Rating Area 8	No Preference	23	406.07
13401PA0010006	Rating Area 8	No Preference	24	406.07
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13401PA0010015	Rating Area 8	No Preference	59	1005.21
13401PA0010015	Rating Area 8	No Preference	60	1048.08
13401PA0010015	Rating Area 8	No Preference	61	1085.15
13401PA0010015	Rating Area 8	No Preference	62	1109.48
13401PA0010015	Rating Area 8	No Preference	63	1139.99
13401PA0010015	Rating Area 8	No Preference	64 and over	1158.51

Company Name: **Cigna Health and Life Insurance**
 Market: **Individual**
 Product: **Connect**
 Effective Date of Rates: **January 1, 2024** Ending date of Rates: **December 31, 2024**

HIOS Plan ID (On Exchange)=>	13401PA0010001		13401PA0010002		13401PA0010003		13401PA0010004	
HIOS Plan ID (Off Exchange)=>								
Plan Marketing Name =>	ct Bronze 9450 Indiv Med Deduct		ct Bronze 7800 Indiv Med Deduct		ct Bronze 6500 Indiv Med Deduct		00 Indiv Med Deductible Enhar	
Form # =>	AINDEPOBNFTSCH052023_945		AINDEPOBNFTSCH052023_780		AINDEPOBNFTSCH052023_650		AINDEPOBNFTSCH052023_440	
Rating Area =>	8		8		8		8	
Network =>	Connect		Connect		Connect		Connect	
Metal =>	Bronze		Bronze		Bronze		Bronze	
Deductible =>	\$9,450		\$7,800		\$6,500		\$4,400	
Coinsurance =>	0		50%		50%		40%	
Copays =>	N/A		PCP: 25 Specialist: 80 MH/SA Office: 80 Urgent Care: 40 RX Tier 1: 3		PCP: 30 Specialist: 80 MH/SA Office: 80 Urgent Care: 75 RX Tier 1: 3		PCP: 55 Specialist: 100 MH/SA Office: 100 Urgent Care: 75 RX Tier 1: 3 RX Tier 2: 35	
OOP Maximum =>	\$9,450		\$9,300		\$9,300		\$9,450	
Pediatric Dental (Yes/No) =>	No		No		No		No	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$225.96	\$225.96	\$240.28	\$240.28	\$241.31	\$241.31	\$240.63	\$240.63
15	\$246.04	\$246.04	\$261.64	\$261.64	\$262.76	\$262.76	\$262.02	\$262.02
16	\$253.72	\$253.72	\$269.81	\$269.81	\$270.97	\$270.97	\$270.19	\$270.19
17	\$261.40	\$261.40	\$277.97	\$277.97	\$279.17	\$279.17	\$278.37	\$278.37
18	\$269.67	\$269.67	\$286.77	\$286.77	\$288.00	\$288.00	\$287.18	\$287.18
19	\$277.94	\$277.94	\$295.56	\$295.56	\$296.83	\$296.83	\$295.99	\$295.99
20	\$286.51	\$286.51	\$304.67	\$304.67	\$305.98	\$305.98	\$305.11	\$305.11
21	\$295.37	\$295.37	\$314.10	\$314.10	\$315.44	\$315.44	\$314.54	\$314.54
22	\$295.37	\$295.37	\$314.10	\$314.10	\$315.44	\$315.44	\$314.54	\$314.54
23	\$295.37	\$295.37	\$314.10	\$314.10	\$315.44	\$315.44	\$314.54	\$314.54
24	\$295.37	\$295.37	\$314.10	\$314.10	\$315.44	\$315.44	\$314.54	\$314.54
25	\$296.55	\$296.55	\$315.35	\$315.35	\$316.70	\$316.70	\$315.80	\$315.80
26	\$302.46	\$302.46	\$321.63	\$321.63	\$323.01	\$323.01	\$322.09	\$322.09
27	\$309.55	\$309.55	\$329.17	\$329.17	\$330.58	\$330.58	\$329.64	\$329.64
28	\$321.07	\$321.07	\$341.42	\$341.42	\$342.89	\$342.89	\$341.91	\$341.91
29	\$330.52	\$330.52	\$351.47	\$351.47	\$352.98	\$352.98	\$351.98	\$351.98
30	\$335.24	\$335.24	\$356.50	\$356.50	\$358.03	\$358.03	\$357.01	\$357.01
31	\$342.33	\$342.33	\$364.04	\$364.04	\$365.60	\$365.60	\$364.56	\$364.56
32	\$349.42	\$349.42	\$371.57	\$371.57	\$373.17	\$373.17	\$372.11	\$372.11
33	\$353.85	\$353.85	\$376.29	\$376.29	\$377.90	\$377.90	\$376.82	\$376.82
34	\$358.58	\$358.58	\$381.31	\$381.31	\$382.95	\$382.95	\$381.86	\$381.86
35	\$360.94	\$360.94	\$383.82	\$383.82	\$385.47	\$385.47	\$384.37	\$384.37
36	\$363.30	\$363.30	\$386.34	\$386.34	\$387.99	\$387.99	\$386.89	\$386.89
37	\$365.67	\$365.67	\$388.85	\$388.85	\$390.52	\$390.52	\$389.41	\$389.41
38	\$368.03	\$368.03	\$391.36	\$391.36	\$393.04	\$393.04	\$391.92	\$391.92
39	\$372.75	\$372.75	\$396.39	\$396.39	\$398.09	\$398.09	\$396.96	\$396.96
40	\$377.48	\$377.48	\$401.41	\$401.41	\$403.14	\$403.14	\$401.99	\$401.99
41	\$384.57	\$384.57	\$408.95	\$408.95	\$410.71	\$410.71	\$409.54	\$409.54
42	\$391.36	\$391.36	\$416.18	\$416.18	\$417.96	\$417.96	\$416.77	\$416.77
43	\$400.81	\$400.81	\$426.23	\$426.23	\$428.06	\$428.06	\$426.84	\$426.84
44	\$412.63	\$412.63	\$438.79	\$438.79	\$440.67	\$440.67	\$439.42	\$439.42
45	\$426.51	\$426.51	\$453.55	\$453.55	\$455.50	\$455.50	\$454.20	\$454.20
46	\$443.05	\$443.05	\$471.14	\$471.14	\$473.16	\$473.16	\$471.82	\$471.82
47	\$461.66	\$461.66	\$490.93	\$490.93	\$493.04	\$493.04	\$491.63	\$491.63
48	\$482.93	\$482.93	\$513.55	\$513.55	\$515.75	\$515.75	\$514.28	\$514.28
49	\$503.90	\$503.90	\$535.85	\$535.85	\$538.15	\$538.15	\$536.61	\$536.61
50	\$527.53	\$527.53	\$560.97	\$560.97	\$563.38	\$563.38	\$561.78	\$561.78
51	\$550.86	\$550.86	\$585.79	\$585.79	\$588.30	\$588.30	\$586.63	\$586.63
52	\$576.56	\$576.56	\$613.11	\$613.11	\$615.74	\$615.74	\$613.99	\$613.99
53	\$602.55	\$602.55	\$640.75	\$640.75	\$643.50	\$643.50	\$641.67	\$641.67
54	\$630.61	\$630.61	\$670.59	\$670.59	\$673.47	\$673.47	\$671.55	\$671.55
55	\$658.67	\$658.67	\$700.43	\$700.43	\$703.44	\$703.44	\$701.43	\$701.43
56	\$689.09	\$689.09	\$732.78	\$732.78	\$735.93	\$735.93	\$733.83	\$733.83
57	\$719.81	\$719.81	\$765.45	\$765.45	\$768.73	\$768.73	\$766.55	\$766.55
58	\$752.60	\$752.60	\$800.32	\$800.32	\$803.75	\$803.75	\$801.46	\$801.46
59	\$768.84	\$768.84	\$817.59	\$817.59	\$821.10	\$821.10	\$818.76	\$818.76
60	\$801.63	\$801.63	\$852.46	\$852.46	\$856.11	\$856.11	\$853.67	\$853.67
61	\$829.99	\$829.99	\$882.61	\$882.61	\$886.39	\$886.39	\$883.87	\$883.87
62	\$848.59	\$848.59	\$902.40	\$902.40	\$906.27	\$906.27	\$903.69	\$903.69
63	\$871.93	\$871.93	\$927.21	\$927.21	\$931.19	\$931.19	\$928.54	\$928.54

RATE PAGES

64+	\$886.11	\$886.11	\$942.29	\$942.29	\$946.32	\$946.32	\$943.62	\$943.62
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1. HIOS Issuer ID:

13401

2. HIOS Product ID(s):

13401PA001

3. Applicable HIOS Plan ID(s) (Standard Component):

13401PA0010001, 13401PA0010002, 13401PA0010003, 13401PA0010004, 13401PA0010005, 13401PA0010006, 13401PA0010007, 13401PA0010013, 13401PA0010014, 13401PA0010015, 13401PA0010019

4. Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits):

In this section we have provided a description of the features of the plan designs that are considered unique and not compatible with the AV Calculator parameters along with a table that outlines which plans have these features.

The following features of the plan design(s) are considered unique and not compatible with AV Calculator parameters:

- Pharmacy Generic Drugs – The plans proposed in this filing have a five-tier pharmacy benefit design as opposed to the four-tier design that the AV Calculator can accept. Tiers 1 and 2 on the CHLIC plans divide the generic tier into two buckets and then tiers 3, 4 and 5 correspond to tiers 2, 3 and 4 in the calculator. Since the AV Calculator only allows for four tiers on the pharmacy benefit design, an alternative methodology was deemed necessary.
- Outpatient Mental Health and Substance Abuse Services – The proposed plans in this filing offer coverage for outpatient mental health and substance abuse services in both an office visit setting and a facility visit setting. Since the AV Calculator does not allow for separate cost share inputs for outpatient mental health and substance abuse office and facility visits, the cost share for these benefits was not compatible with the parameters of the AV Calculator.
- Diabetic Services – The plans proposed in this filing cover certain diabetic services at 100% and have a cap on the copay amount for insulin drugs. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV calculator.
- Diabetic Specific Benefit – The Diabetes Care plans proposed in this filing covers additional diabetic services at 100%. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV Calculator.
- Copays for All Inpatient Hospital Services – The proposed plans in this filing have a separate cost structure for the inpatient facility services versus physician services. Since the AV Calculator does not allow for separate cost share inputs, the parameters for the inpatient cost structure were not compatible with the existing parameters in the AV Calculator.
- Copays for Urgent Care Services – The AV Calculator does not currently provide an input for copays for Urgent Care Services because the National Claims Database that the Calculator is based on does not

Unique Plan Design Supporting Documentation & Justification



maintain data on Urgent Care Services. Some of the plans proposed in this filing include benefit designs that have copays for Urgent Care Services which are not compatible with the AV Calculator.

The following table illustrates which benefit plans contain these unique plan design features:

Unique Plan Feature						
Plan ID	Generic Rx	Outpatient MHA	Inpatient Hospital Copays	Urgent Care Copays	Diabetic Services	Diabetic Plan
13401PA0010001					✓	
13401PA0010002	✓	✓		✓	✓	
13401PA0010003	✓	✓		✓	✓	
13401PA0010004	✓	✓		✓	✓	✓
13401PA0010005	✓				✓	
13401PA0010019	✓	✓	✓	✓	✓	
13401PA0010006	✓	✓		✓	✓	
13401PA0010007	✓	✓		✓	✓	
13401PA0010013	✓	✓		✓	✓	
13401PA0010014	✓	✓		✓	✓	
13401PA0010015	✓	✓		✓	✓	

Please note that for any Silver plan with Cost Sharing Reduction variants, the variant plans are unique in the same manner as the base plan is outlined in the table above.

5. Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

In order to quantify the Actuarial Value of each unique plan feature, an alternate method per 156.135(b)(2) was used. In line with the proposed methodology of 156.135(b)(2), an estimate of the plan design feature was fitted into the AV Calculator to align with the Calculator's existing input parameters. Alternate methods per 156.135(b)(3) were not utilized.

6. Confirmation that only in-network cost-sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

7. Description of standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the Generic Rx, Outpatient Mental Health and Substance Abuse, Copays for Urgent care, Inpatient Hospital Copays, Diabetic Services, Diabetic Plan unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the

pharmacy unique plan design features, as discussed in Section 8, internal national individual experience was used in order to develop the inputs entered into the AV Calculator.

8. If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Pharmacy Generic Drugs – In order to use the AV calculator, we have blended the cost-sharing for tiers 1 & 2 outside of the tool based on actual national individual utilization patterns and average costs per prescription for these tiers to calculate a single copay or coinsurance percentage that can be entered into the AV calculator for Tier-1.

Outpatient Mental Health and Substance Abuse Services – A study was conducted to determine how to fit this unique plan design feature into the AV calculator. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the study indicated that the majority of Outpatient Mental Health and Substance Abuse services are performed in an Office Visit Setting, the cost sharing amount applicable to Outpatient Mental Health and Substance Abuse services performed in an Office Visit setting was entered into the AV Calculator.

Copays for All Inpatient Hospital Services – We used a claim probability distribution that is derived from our internal national group experience to estimate the utilization split for inpatient facility services and inpatient physician services. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the analyses indicated that the majority of the utilization is expected to come from inpatient facility services, the benefit structure for inpatient facility services was applied to All Inpatient Hospital Services in the AV Calculator.

Copays for Urgent Care Services – We used a claim probability distribution that is derived from our internal national group experience to estimate the overall utilization of urgent care services and the coinsurance percentage that would result in an equivalent paid-to-allowed ratio as the urgent care copay as defined in our benefit plans. A study was conducted to determine how to fit this unique plan design feature into the AV calculator. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range.

9. If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

The method described in 156.135(b)(3) was not used.

10. Certification Language:

I, Steven Giori, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

Unique Plan Design Supporting Documentation & Justification



- a) The development of the actuarial value is based on one of the acceptable alternative methods outlined in 45 CFR 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.
- b) All analysis in the development of the actuarial value was performed in accordance with generally accepted actuarial principles & methodologies and in accordance with the ASOPs established by the ASB and all applicable laws and regulations.
- c) The metal levels were appropriately assigned in accordance with 45 CFR 156.135 and 156.140.

This certification applies explicitly to the 2024 plan year for the Individual market for the plans denoted above.

A handwritten signature in black ink that reads "Steven Giori".

Steven Giori, FSA, MAAA
Actuarial Director
Cigna Health & Life Insurance Company

05/17/2023
Date

Issuer: Cigna Health and Life Insurance Company

Market: Individual



Key:
: 2024 On-exchange and Off-exchange service area



May 17th, 2023

This document contains responses to the Standard Questions listed in the 2024 ACA-Compliant Health Insurance Rate Filing Guidance released by the Pennsylvania Insurance Department on March 21st, 2023.

1. Membership:

- a. *If the projected membership for plan year 2024 significantly differs from the current 2/1/2023 membership, please explain why.*

We are not expecting plan year 2024 membership to differ significantly from the current membership.

2. Experience Period Claims:

- a. *Please confirm that all claims which are capitated have been removed from the experience period claims.*

There are no capitated claims included in the experience period claims.

- b. *Please confirm that all non-EHB claims have been removed from the experience period claims.*

There are no non-EHB claims included in the experience period claims.

- c. *How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?*

We are not expecting rebates to look materially different in 2024 compared to 2022. No adjustment is needed in the rate development.

3. COVID:

- a. *Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.*
- b. *If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.*

There is no COVID adjustment included in our rate development within this filing.

4. Trend:

- a. *[SG only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.*
- b. *[SG only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.*

5. Table 6 – Retention:

- a. *Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.*

We confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%.

- b. *Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.*

We confirm that the Risk Adjustment User Fee PMPM is consistent with the HHS Final Notice of Benefit and Payment Parameters for Plan Year 2024.

- c. *Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Period Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.*

Table: Commissions	
Open-Enrollment Enrollee - Renewing	\$20.0
Open-Enrollment Enrollee - New	\$20.0
Special Enrollment Period Enrollee - Renewing	\$20.0
Special Enrollment Period Enrollee - New	\$20.0

6. Pricing AVs:

- a. *Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is not separated by metal level).*

We confirm that the Pricing AVs were calculated using a single risk pool.

- b. *Please identify and support any differences between company’s metallic AV calculator results and the corresponding Pricing AVs.*

Our Cumulative Probability Distribution is created using metal specific national ACA experience from 2022. Observed differences in our cost shares and the federal AV cost shares at the metal level likely result from differences in underlying data used to create the Cumulative Probability Distribution.

7. Expanded Bronze Plans:

- a. *Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met.*

Please see the table below for support regarding the criteria for expanded bronze plans.

HIOS Plan ID	Criteria Met
13401PA0010002	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, and RX T1 before deductible
13401PA0010003	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, and RX T1 before deductible
13401PA0010004	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, RX T1 and RX T2 before deductible
13401PA0010005	HSA Plan
13401PA0010019	Covers PCP, Specialist, MH/SA OP Office, Urgent Care, ER, Inpatient facility, RX T1, RX T2, and RX T3 before deductible

8. PAAM Exhibits – Consumer Factors:

- a. *Please provide a quantitative and qualitative support for the proposed geographic rating area factors, if different from the previous year.*
- b. *Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.*

In 2024, Cigna is only selling plans in rating area 8, therefore the geographic rating area factor is a 1.0, which is the same as in 2023. Similarly, Cigna offers only one network option for all IFP plans in PA, therefore the network factor is a 1.0, which is the same as in 2023.

9. Public Health Emergency:

- a. *With the Public Health Emergency expected to end on May 11th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.*
- b. *Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustments been made specifically to the morbidity assumption for Plan Year 2024?*
- c. *Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventative and covered at 100%.*

Cigna is continually evaluating our position in relation to the future cost of COVID including any impact from the cessation of the Public Health Emergency. We currently estimate that COVID will have immaterial cost impacts for Plan Year 2024 and therefore have not included any adjustments related to COVID in our manual rate development.

10. MLR Exhibit:

- a. *Please complete table below which summarizes the most recent three years of complete MLR information.*
 - i. *Actual is the final information which was filed for the specified calendar year.*
 - ii. *Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019).*
- b. *Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.*
- c. *Does the insurer expect to pay MLR rebates for the 3-year period above?*

Cigna entered the IFP market in PA in 2022 and has no experience prior to 1/1/2022.

11. Plans of Withdrawal:

- a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.*
- b. For further information regarding the Plan of Withdrawal process, click here. Please send all Plan of Withdrawals to Jeffery Rohaly, wrohaly@pa.gov.*

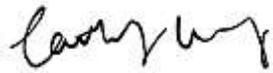
We have 11 plans that are being terminated this year. An outreach has been conducted to determine the requirements needed for a plan of withdrawal.

CHLIC requests confidential handling of this information. We believe that this information is proprietary and critical to our business.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cathy Wang".

Cathy Wang, FSA, MAAA
Actuarial Advisor



Cathy Wang, FSA, MAAA
Cigna Healthcare Pricing

June 21st, 2023

Lorraine Badarzynski
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Ms. Badarzynski,

This letter is in response to your June 9th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

1. Please provide a detailed description of the experience underlying the manual rate. In particular, please comment on the following items:

a. Please explain whether the experience underlying the manual rate is limited to Individual ACA members or also includes non-ACA members (i.e., Transitional, Grandfathered, or other coverage types). If the manual rate experience includes non-ACA experience, please explain, and provide a detailed quantitative exhibit demonstrating, how the experience was adjusted to reflect the ACA population expected to be enrolled in 2024. Additionally, please provide an exhibit displaying each calendar year’s member months, average allowed PMPM, and average paid PMPM associated with each coverage type included in the manual rate experience.

The experience underlying the manual rate is limited to Individual ACA members and does not include any non-ACA experience. Please see exhibit below showing the past year information for the manual rate experience.

	MMOS	Allowed PMPM	Paid PMPM
2020	2,909,372	\$ 548.62	\$ 455.01
2021	4,247,691	\$ 593.23	\$ 496.04
2022	3,991,966	\$ 641.44	\$ 539.96

b. Please confirm what calendar year(s) experience was used to develop the manual rate. Additionally, please state how many months of claims run-out was utilized in the development of the manual rate.

The 2022 calendar year experience was used to develop the manual rate for PY 2024. A three-month of claims run-out was utilized in the development of the manual rate.

Objection 2

2. The following questions pertain to the calculation of the 'Total Adjusted Projected Allowed EHB Claims PMPM' for the experience rate:

a. Please provide a detailed quantitative exhibit displaying the development of the morbidity adjustment. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 6 of the Actuarial Memorandum:

1. The membership distribution by metal tier and CSR plan and the source for these projected distributions.

Table 2a 1: Morbidity Adjustment Factor	
2022 (State Actual) Morbidity	-39.4%
2024 (Projected) Morbidity	-38.2%
Morbidity Experience Adjustment	1.019
Demographic Shift Factor	1.003
Total Change in Morbidity	1.016

Table 2a 2: Metal Distribution	
Bronze	42.7%
Silver	13.5%
Gold	43.8%

Table 2a 3: CSR Distribution	
Base	5.7%
73%	11.4%
87%	44.1%
94%	38.7%

The development of the morbidity adjustment factor can be found on tab 2a of the PAObjectionResponseExhibit6.21.2023.xlsx. Membership distribution by metal tier was developed using an average of the Pennsylvania data within the enrollment 2022 Public Use File released by CMS and our 2023 Pennsylvania metal distribution. The CSR plan distribution was developed based on the 2023 Pennsylvania CSR variant distribution. There is no included impact on metal mix due to the sunset of enhanced premium subsidies.

b. Please provide a detailed quantitative exhibit displaying the development of the demographic adjustment, both the age and geographic components as discussed in Section 6 of the Actuarial Memorandum.

The age calibration factor of 1.572 found on the III Plan Rates tab in the PAAM accounts for the age curve and translates the manual rate experience to a 3:1 age slope. It is expected that the 2024 population will be consistent with the 2022 population. The development of this factor can be found on tab 2b of the PAObjectionResponseExhibit6.21.2023.xlsx.

c. Please provide a detailed quantitative exhibit displaying the development of the demographic shift, both the age and geographic components as discussed in Section 6 of the Actuarial Memorandum.

Table 2c: Demographic Shift Factor	
2022 Weighted-average ARF	1.568
2024 Weighted-average ARF	1.572
Change	0.3%
Demographic Shift Factor	1.003

The development of the demographic shift factor can be found on tab 2c of the PAObjectionResponseExhibit6.21.2023.xlsx.

d. Please provide a detailed quantitative exhibit displaying the development of the plan design changes adjustment as discussed in Section 6 of the Actuarial Memorandum.

Table 2d: Plan Design Changes Adj	
2022 Weighted-average Medical UD Factor	1.049
2024 Weighted-average Medical UD Factor	1.050
Change	0.1%
Plan Design Changes Adj	1.001

The development of the plan design changes adjustment can be found on tab 2d of the PAObjectionResponseExhibit6.21.2023.xlsx.

e. Please provide a detailed quantitative exhibit displaying the development of all components of the other adjustments item discussed in Section 6 of the Actuarial Memorandum.

Table 2e: Other Adj	
Affordability Initiatives (2023 + 2024)	0.883
Inflation	1.021
Rx Discount Deterioration	0.975
Rx Utilization	17%
Other Adjustment	0.898

The development of the other adjustments can be found on tab 2e of the PAObjectionResponseExhibit6.21.2023.xlsx.

Objection 3

3. The following questions pertain to the calculation of the 'Total Adjusted Projected Allowed EHB Claims PMPM' for the manual rate:

a. Please provide a detailed quantitative exhibit displaying the development of the morbidity adjustment. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 7 of the Actuarial Memorandum:

i. Overall health status in the Individual market, including the elimination of the individual mandate, continued uncertainty in the Individual market, and the presence or absence of Transitional policies.

ii. Membership distribution by metal tier and CSR plan and the source for these projected distributions.

Table 3a: Morbidity Adjustment	
National Normalized Morbidity (2022)	1.000
PA 2022 Morbidity	0.606
% Change 2022 - 2024	1.9%
PA 2024 Projected Morbidity	0.618
Morbidity Adj	-38.2%

The morbidity adjustment used for the manual rate is calculated by comparing the PA morbidity to the Cigna national morbidity of IFP based on the 2022 experience and then projected to PY 2024. The development of the morbidity adjustment factor can be found on tab 3a of the PAObjectionResponseExhibit6.21.2023.xlsx.

b. The following question relates to the demographic adjustment/shift:

i. Please provide a detailed quantitative exhibit displaying the development of the demographic adjustment.

ii. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 7 of the Actuarial Memorandum.

1. The quantitative development of the adjustment used to translate the manual rate experience to a 3:1 age slope as prescribed by the ACA.

2. The quantitative development of the adjustment used to reflect that the age mix of the 2024 population will be different than the age mix underlying the manual rate. In providing your response, please provide an exhibit demonstrating the distribution of members by age underlying the manual rate experience and projected 2024 populations.

There is no demographic adjustment applied to the manual rate. As mentioned in objection 2b above, the age calibration factor of 1.572 found on the III Plan Rates tab in the PAAM accounts for the age curve and translates the manual rate experience to a 3:1 age slope. It is expected that the 2024 population will be consistent with the 2022 population. The development of this factor can be found on tab 2b of the PAObjectionResponseExhibit6.21.2023.xlsx.

c. Please provide a detailed quantitative exhibit displaying the development of the portfolio adjustment applied to the manual rate, as discussed in Section 7 of the Actuarial Memorandum. Additionally, please demonstrate that the portfolio adjustment is not already accounted for in either the "membership distribution by metal tier and CSR plan" component of the morbidity adjustment, Induced Demand plan level adjustment, or Silver Load plan level adjustment.

The portfolio adjustment accounts for differences in induced demand utilization in PA Rating Area 8 compared to national induced demand based on the different Metal and CSR distributions. This is a factor of 0.2% and is included in the change in benefit impact.

d. Please provide a detailed quantitative exhibit displaying the development of the network savings adjustment applied to the manual rate, as discussed in Section 7 of the Actuarial Memorandum.

The network savings adjustment was developed by comparing the IFP national average network to the expected PA specific network and applying the change to the expected 2024 medical cost.

Table 3d: Network Savings Adjustment	
Pennsylvania Expected Network Cost	178.3%
National Expected Network Cost	177.8%
Network Savings Adjustment	0.27%
Trended Medical Weight	83.0%
Network Savings Adjustment	0.22%

e. Please provide a detailed quantitative exhibit displaying the development of the pharmacy formulary savings adjustment applied to the manual rate, as discussed in Section 7 of the Actuarial Memorandum.

There is no reference to a pharmacy formulary savings adjustment in Section 7 and there is no expected impact due to pharmacy formulary savings applied to the index rate.

Objection 4

4. The following questions relate to the trend assumptions:

a. Please provide a detailed narrative explaining the macroeconomic forces coupled with the utilization trends used to develop the medical and pharmacy trend assumptions.

We rely on large group experience when setting trend assumptions due to the year to year variability in the exchange. Using large group data provides a better view of actual medical and pharmacy cost changes year over year. The national average medical and pharmacy trend is used for trending the manual rates. The PA average medical and pharmacy trend is used for trending the experience rates, which are credibility-weighted. The inpatient (IP), outpatient (OP), and professional (PRO) trend by provider is found for 2023 and 2024. Then the provider trends by IP, OP, and PRO are weighted by allowed claims to get to the annualized total projected trend. While the macroeconomic environment is pushing the trend up, due to our IFP network contract structure, we are not projecting significant pressure from the macroeconomic forces in 2024.

b. Please provide a detailed summary of actual historical utilization, service mix, and unit cost trends by major medical and pharmacy service category for whatever calendar years were used in the trend development. Please describe any adjustments made to the underlying data (e.g., normalizing for changes in demographics, COVID-19, etc.) and include quantitative support for any adjustments.

Please see tab 4b in the PAObjectionResponseExhibit6.21.2023.xlsx for the utilization, service mix, and unit cost trends. No adjustments were applied to the data.

c. Please provide average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for whatever calendar years were used in the trend development for each major service category (e.g., inpatient, outpatient, etc.).

Please see tab 4cd in the PAObjectionResponseExhibit6.21.2023.xlsx for the average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for calendar years 2020, 2021, and 2022 by service category for the national experience used to develop manual rates and the 2022 PA experience used to develop the credibility-weighted experience rate.

d. Please provide script counts per 1,000 and average allowed and paid claim costs PMPM by month for whatever calendar years were used in the trend development for each drug tier (e.g., generic, brand formulary, etc.).

Please see tab 4cd in the PAObjectionResponseExhibit6.21.2023.xlsx for the average allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for calendar years 2020, 2021, and 2022 and the 2022 PA experience and for pharmacy.

Objection 5

5. Please provide quantitative support for and the development of the 100,000 member month full credibility threshold.

Cigna's standard threshold for 100% credibility is 100,000 member months. Please see tab 5 in the PAObjectionResponseExhibit6.21.2023.xlsx for the development of the credibility used for pricing.

Objection 6

6. Please provide a detailed quantitative exhibit displaying the development of the projected 2024 risk transfer payment. This exhibit should provide the support and detail for all adjustments applied in moving from the base assumption to the assumption used in the 2024 risk transfer payment calculation. In providing your response, please include the following

information:

- a. The Company's projected 2024 PLRS, ARF, IDF, and GCF factors for 2024. Please include quantitative support for the following adjustments used when developing the 2024 PLRS, as discussed in Section 10 of the Actuarial Memorandum:
- i. Expected changes because of moving to the proposed 2024 risk adjustment model. Please explain whether the Company is assuming that changes to the risk adjustment model will impact the Company in the same manner as the rest of the PA Individual ACA market.
 - ii. How the Company's projected morbidity change was included, as discussed in Section 7 of the Actuarial Memorandum.
 - iii. Please provide support that the assumed morbidity level in the risk transfer calculation is consistent with the assumed morbidity level throughout the rest of the filing.

Please see tab 6 in the PAObjectionResponseExhibit6.21.2023.xlsx for the detailed calculation of the projected 2024 PLRS, ARF, IDF, and GCF factors. There are no expected changes as a result of moving to the proposed 2024 risk adjustment model, and we do expect the changes will impact Cigna in the same manner as the rest of the PA individual ACA market. The company's projected morbidity change was applied as a morbidity adjustment to the 2022 Cigna PA PLRS to reflect the expected 2024 population.

The 2021 geographic cost factors were used as the 2022 CMS produced GCF were not readily available at time of development.

- b. Regarding the PA projected state average premium PMPM, PLRS, ARF, IDF, and GCF for the Individual market for 2024, please include quantitative support for the following adjustments used when developing the 2024 PLRS, as discussed in Section 10 of the Actuarial Memorandum:
- i. Expected changes because of moving to the proposed risk adjustment model. Please confirm the adjustment captures expected changes of moving to the 2024 risk adjustment model, and not the 2022 risk adjustment model, as discussed in Section 10 of the Actuarial Memorandum.
 - ii. Expected changes in market-wide morbidity, as discussed in Section 7 of the Actuarial Memorandum.

Please see tab 6 in the PAObjectionResponseExhibit6.21.2023.xlsx for the expected PA state average premium PMPM, PLRS, ARF, IDF, and GCF. There are no expected changes as a result of moving to the proposed 2024 risk adjustment model. No expected market-wide morbidity adjustments were applied to the state factors.

- c. Please provide a detailed quantitative exhibit displaying the anticipated 2024 high-cost risk pool receipt and high-cost risk pool charge, if included in the risk transfer assumption.

There is no anticipated 2024 high cost risk pool receipt and high cost risk pool charge included in the risk transfer assumption.

Objection 7

7. The following questions pertain to non-benefit expenses:

- a. Please explain how the general and claims and commissions non-benefit expense assumptions were developed (i.e., 9.01% and 0.86% of premium, respectively).

The general and claims non-benefit expense assumption was developed based on an expense study using finance data which looked at variable acquisition, variable recurring, fixed acquisition, and fixed recurring costs. These costs were projected forward from 2022 to expected 2024 costs and divided by member months to get the general and claims expenses PMPM. This is then divided by the average premium to find the expense percent of 9.01%.

The commission expense assumption was developed by taking the expected 2023 commission schedule for renewals and new sales and weighting to a total commission PMPM based on the expected percentage of enrollment using brokers. The commission PMPM is then divided by the average expected premium in Pennsylvania to get to the commission non-benefit expense percent.

b. Please provide support for the \$0.05 PCORI fee.

We get allocation on PCORI fee on an IFP business level and it is 0.01% of the total premium. For PA, we get the \$0.05 PMPM PCORI fee using 0.01% multiplied by the PY2024 weight-average PAIR \$549.49.

Objection 8

8. The following questions relate to plan factors:

a. Please explain how the utilization changes, as described in Section 11 of the Actuarial Memorandum, were accounted for in the development of the Induced Demand and/or Pricing AV factors (i.e., the Company's estimates of the relationship between historical utilization and corresponding metal tier or CSR plan variant).

The utilization changes are accounted for using the HHS Induced Demand formula rather than the company's estimates of the relationship. This has been updated in the act memo to reflect the appropriate wording.

b. Please provide a detailed quantitative exhibit displaying the development of the Pricing AV factors shown on the 'III Plan Rates' tab of the PA Rate Template Part II excel file. In providing your response, please include the following information:

- i. Please explain whether the Company's internal pricing model is limited to Individual ACA experience only. If non-ACA experience is included, please explain what adjustments are made to translate the non-ACA experience to an ACA basis.*
- ii. Please explain what adjustments were applied to the Company's pricing model to translate nationwide Individual experience to reflect the Company's anticipated 2024 PA population. If no adjustments were applied, please explain why the Company believes this is appropriate.*
- iii. Please demonstrate that the Pricing AV factors do not reflect differences in morbidity.*

The internal pricing model used is limited to individual ACA experience only. A morbidity and network factor as described in objection 3 were used to adjust from the nationwide claim cost to a PA specific population, but the Pricing AV is determined at a national data level based on the cost share using a Cumulative Probability Distribution of Cigna's own claims experience by claim band and metal for each plan. The projected allowed claims PMPM and projected incurred claims PMPM are found for each plan to calculate the pricing AV. This is demonstrated on tab 8b in the PAObjectionResponseExhibit6.21.2023.xlsx file.

c. The 'Benefit Richness (induced demand)' factors do not appear to be following the required guidance of using the HHS induced demand factors and are also not unique for each plan. Please update the filing or provide quantitative and qualitative support for how the factors comply with the required guidance. More guidance on this issue is provided in Question #10 below.

The filing documents have been updated to follow the required guidance of using the HHS induced demand factors.

Objection 9

9. Please explain how the end of Medicaid continuous enrollment was considered. Specifically, what impact, if any, was assumed for enrollment and morbidity?

We considered the impact from the end of Medicaid continuous enrollment, and projected it to lead to a minor increase in the 2023 morbidity, but the impact will be stabilized and offset in 2024. We expect Cigna to pick up 410 additional members between 2023 and 2024 due to Medicaid redetermination. From a morbidity perspective, we are expecting no net impact for 2024.

Objection 10

10. Page 21 of our guidance document describes how issuers should fill out Column L of Table 10 in our PAAM exhibits. In particular, our guidance document says "[T]he induced demand factors which are used in calculating the normalized factors in Column L should be based on the HHS induced demand factors utilized in the risk transfer formula and should use the following formula: $(Plan\ AV)^2 - (Plan\ AV) + 1.24$. This produces the HHS factors by metal level (i.e., a 0.60 pricing AV is a 1.00 factor and a 0.90 pricing AV is a 1.15 factor) but accounts for the fact that not all plans within a metal level will have the same pricing AV. The "Plan AV" should be the product of the "Pricing AV" (column K of Tab III) and "Non-Funding CSR Adjustment" (column P of Tab III)."

The important take-aways from our guidance are:

(i) The non-normalized induced demand factors should be calculated as follows: $(Plan\ AV)^2 - (Plan\ AV) + 1.24$.

(ii) The Plan AV in the above referenced formula is defined as the Pricing AV times the CSR defunding factor for the given plan.

(iii) The induced demand factors that appear in Column L of Table 10 must be normalized. In other words, the non-normalized induced demand factors calculated in (i) above must be divided by a normalizing constant to make the aggregate effect of the factors "balance back" to 1.000.

(iv) The normalizing constant should be the weighted average of the non-normalized induced demand factors and the projected membership shown in Column W of Table 10.

Please modify your factors in Column L of Table 10 to comply with these guidelines.

The PAAM has been updated to follow the required guidance.

Objection 11

11. Cigna is offering 6 bronze plans, but 5 are actually expanded bronze plans. Please update Column G of Table 10 of our PAAM exhibits to reflect this (please see the drop-down menu choices).

The PAAM exhibit has been updated to reflect the expanded bronze plan metal tier.

Objection 12

12. Please provide a "public PDF" (this is described in our guidance on pages 7 and 8) that is consistent with the filing submitted by Amanda Slayton on May 17, 2023. This will be called your initial public PDF. You will be required to submit a final public PDF at a later point in the filing process. Lastly, do not forget to include a copy of your standard questions and answers (i.e., 13401_Response_to_Standard_Questions_5_17_2023) in the initial public PDF.

The public PDF for the filing submitted on 5.17.2023 is included in this submission.

Objection 13

13. Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

The rates in the submitted documents including PAAM, PA Plan Design Summary and Rate Table, and Federal Rates Template are identical.

Objection 14

14. The Department is interested in the issuer's estimate of the drivers of the rate changes. What portion of the indicated rate change from Table 11 is due to changes in various components such as reinsurance, utilization trend, unit cost trend, expenses, morbidity, benefits, risk adjustment, or other relevant factors?

Table 14: Rate Change Drivers	
Reinsurance (0% coinsurance)	4.5%
Trend	6.1%
Expenses	-2.3%
2023 to 2024 Plan Variation	1.6%
Risk Adjustment	1.0%
Total Change in Morbidity	11.1%

Please see tab 14 in the PAObjectionResponseExhibit6.21.2023.xlsx for the breakdown of the rate change.

Objection 15

15. The Department notes that plan 13401PA0010003 is an expanded bronze with a pricing AV of .748. Plan 13401PA0010006 is silver with a pricing AV of .710. Why does a bronze plan have a higher pricing AV than a silver plan?

The expanded bronze plan 13401PA0010003 has been updated to address the AV value falling out of the metal range in the update Federal AV calculator, so that it accurately reflects the PCP copay not subject to plan deductible and the 50% coinsurance for ER services.

Our Cumulative Probability Distribution is created using metal specific national ACA experience from 2022. The Pricing AV value differences are only driven by plan design differences; occasionally we see differences in Pricing AV's and Federal AV's, which are likely driven by differences in claims experience used to build up the Pricing AV compared to the Federal AV calculator.

Objection 16

16. The Risk Adjustment user fee used in Table 6 of the PAAM is 24 cents PMPM. Please change this to 21 cents PMPM.

The Risk Adjustment user fee has been updated to 21 cents PMPM in PAAM.

Objection 17

17. The Plan Design Summary submitted under the Rate/Rule Schedule tab is missing the membership amounts on the Rates by County tab, cells BR5 - BV5. Please provide an updated Plan Design Summary with these cells filled in.

The Plan Design Summary has been updated with the membership amounts.

Objection 18

18. Please update the Rate/Rule Schedule and any other documents to reflect the revised rate increase as well as any other values that changed.

The Rate/Rule Schedule and other documents have been updated to reflect the revised rate increase and other value changes.

Objection 19

19. Please provide a detailed quantitative exhibit for Exchange User Fees.

Table 19: User Exchange Build Up	
Exchange User Fee	3.00%
On Exchange Distribution	93.0%
Exchange User Fee Weighted Average %	2.79%
Index Rate PMPM	\$ 448.60
Risk Adjustment PMPM	\$ 123.50
Exchange User Fee PMPM (Allowed)	\$ 19.40
Paid to Allowed	0.792
Exchange User Fee PMPM (Paid)	\$ 15.38

The development of the Exchange User Fee can be found on tab 19 of the PAObjectionResponseExhibit6.21.2023.xlsx.

Objection 20

20. Why doesn't the total covered lives on Table 10, V4 equal cell V15. Also, the sum of members on Table 11 don't match cell V4.

The covered lives have been updated to match.

Objection 21

21. Why doesn't the number of policy holders on the rate/rule tab equal the current enrollment in the URRT, WKSH-2, D34 or the number of covered lives as of February 1, 2023 in the cover letter or the covered lives on Table 10, cells V4 and V15?

Those numbers have been updated to match.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

Cathy Wang, FSA, MAAA

Actuarial Advisor

	MMOS	Allowed PMPM	Paid PMPM
2020	2,909,372	\$ 548.62	\$ 455.01
2021	4,247,691	\$ 593.23	\$ 496.04
2022	3,991,966	\$ 641.44	\$ 539.96

Table 2a 1: Morbidity Adjustment Factor	
2022 (State Actual) Morbidity	-39.4%
2024 (Projected) Morbidity	-38.2%
Morbidity Experience Adjustment	1.019
Demographic Shift Factor	1.003
Total Change in Morbidity	1.016

Table 2a 2: Metal Distribution	
Bronze	42.7%
Silver	13.5%
Gold	43.8%

Table 2a 3: CSR Distribution	
Base	5.7%
73%	11.4%
87%	44.1%
94%	38.7%

Average Demo Factor	1.572
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2022 Actual ACA Membership Distribution by Age and Gender

Age	Demo Factor	Distribution	
		Male	Female
0	0.765	0.11%	0.09%
1	0.765	0.11%	0.09%
2	0.765	0.20%	0.17%
3	0.765	0.20%	0.17%
4	0.765	0.20%	0.17%
5	0.765	0.20%	0.17%
6	0.765	0.20%	0.17%
7	0.765	0.20%	0.17%
8	0.765	0.20%	0.17%
9	0.765	0.20%	0.17%
10	0.765	0.20%	0.17%
11	0.765	0.20%	0.17%
12	0.765	0.20%	0.17%
13	0.765	0.20%	0.17%
14	0.765	0.20%	0.17%
15	0.833	0.20%	0.17%
16	0.859	0.20%	0.17%
17	0.885	0.20%	0.17%
18	0.913	0.20%	0.17%
19	0.941	0.20%	0.17%
20	0.970	0.20%	0.17%
21	1.000	0.83%	1.05%
22	1.000	0.83%	1.05%
23	1.000	0.83%	1.05%
24	1.000	0.83%	1.05%
25	1.004	0.83%	1.05%
26	1.024	1.78%	2.24%
27	1.048	1.48%	1.87%
28	1.087	1.48%	1.87%
29	1.119	1.48%	1.87%
30	1.135	1.48%	1.87%
31	1.159	1.06%	1.05%
32	1.183	1.06%	1.05%
33	1.198	1.06%	1.05%
34	1.214	1.06%	1.05%
35	1.222	1.06%	1.05%
36	1.230	1.06%	1.05%
37	1.238	1.06%	1.05%
38	1.246	1.06%	1.05%
39	1.262	1.06%	1.05%

40	1.278	1.06%	1.05%
41	1.302	0.72%	0.69%
42	1.325	0.72%	0.69%
43	1.357	0.72%	0.69%
44	1.397	0.72%	0.69%
45	1.444	0.72%	0.69%
46	1.500	0.72%	0.69%
47	1.563	0.72%	0.69%
48	1.635	0.72%	0.69%
49	1.706	0.72%	0.69%
50	1.786	0.72%	0.69%
51	1.865	0.99%	1.05%
52	1.952	0.99%	1.05%
53	2.040	0.99%	1.05%
54	2.135	0.99%	1.05%
55	2.230	0.99%	1.05%
56	2.333	0.99%	1.05%
57	2.437	0.99%	1.05%
58	2.548	0.99%	1.05%
59	2.603	0.99%	1.05%
60	2.714	0.99%	1.05%
61	2.810	1.50%	1.02%
62	2.873	1.50%	1.02%
63	2.952	1.50%	1.02%
64	3.000	0.50%	0.34%
65	3.000	0.50%	0.34%
66+	3.000	0.50%	0.34%

Table 2c: Demographic Shift Factor	
2022 Weighted-average ARF	1.568
2024 Weighted-average ARF	1.572
Change	0.3%
Demographic Shift Factor	1.003

Table 2d: Plan Design Changes Adj	
2022 Weighted-average Medical UD Factor	1.049
2024 Weighted-average Medical UD Factor	1.050
Change	0.1%
Plan Design Changes Adj	1.001

Table 2e: Other Adj	
Affordability Initiatives (2023 + 2024)	0.883
Inflation	1.021
Rx Discount Deterioration	0.975
Rx Utilization	17%
Plan Design Changes Adj	0.898

Table 3a: Morbidity Adjustment	
National Normalized Morbidity (2022)	1.000
PA 2022 Morbidity	0.606
% Change 2022 - 2024	1.9%
PA 2024 Projected Morbidity	0.618
Morbidity Adj	-38.2%

Table 3d: Network Savings Adjustment	
Pennsylvania Expected Network Cost	178.3%
National Expected Network Cost	177.8%
Network Savings Adjustment	0.27%
Trended Medical Weight	83.0%
Network Savings Adjustment	0.22%

4b 1. PA Experience Trend				
MSC	Annualized Unit Cost Trend	Annualized Utilization Trend	Experience Mix	Annualized Total Trend
Inpatient	1.03	1.03	29%	6%
Outpatient	1.02	1.03	35%	5%
Professional	1.03	1.03	17%	6%
Capitation	1.00	1.00	0%	0%
OMS	1.08	1.03	3%	10%
Pharmacy	<u>1.07</u>	<u>1.01</u>	<u>17%</u>	<u>8.2%</u>
Total	4%	2%	100%	6.0%

Credibility

53%

4b 2. National IFP Trend				
MSC	Annualized Unit Cost Trend	Annualized Utilization Trend	National Mix	Annualized Total Trend
Inpatient	1.03	1.03	19%	6%
Outpatient	1.03	1.03	23%	6%
Professional	1.01	1.03	23%	3%
Capitation	1.00	1.00	0%	0%
OMS	1.07	1.03	4%	10%
Pharmacy	<u>1.07</u>	<u>1.01</u>	<u>31%</u>	<u>8.2%</u>
Total	4%	2%	100%	6.2%

National IFP Experience		Inpatient Hospital Inputs			Outpatient Hospital Inputs			Physician Inputs			Prescription Drugs Inputs		
	Calendar Year	Allowed Cost per	Units per 1,000	Allowed PMPM	Allowed Cost per	Units per 1,000	Allowed PMPM	Allowed Cost per	Units per 1,000	Allowed PMPM	Allowed Cost per	Units per 1,000	Allowed PMPM
	2020	\$7,910.11	140.1	\$92.35	\$576.20	2,503.4	\$120.21	\$291.14	5,557.0	\$134.82	\$162.46	8,434.6	\$114.19
	2021	\$8,377.82	155.1	\$108.27	\$561.84	2,945.1	\$137.89	\$269.97	6,318.9	\$142.16	\$241.56	8,893.4	\$179.03
	2022	\$7,105.34	206.1	\$122.03	\$581.09	2,991.4	\$144.86	\$247.19	7,075.3	\$145.75	\$298.82	8,055.9	\$200.60
PROJECTED	2023	\$7,350.47	211.2	\$129.39	\$599.69	3,066.2	\$153.23	\$248.92	7,252.2	\$150.43	\$319.43	8,152.5	\$217.01
	2024	\$7,604.07	216.5	\$137.20	\$618.88	3,142.9	\$162.09	\$250.66	7,433.5	\$155.27	\$341.46	8,250.4	\$234.76
UNIT OF MEASUREMENT		Admits			Visits			Visits			Prescriptions		

PA State Experience		Inpatient Hospital Inputs			Outpatient Hospital Inputs			Physician Inputs			Prescription Drugs Inputs		
	Calendar Year	Allowed Cost per	Units per 1,000	Allowed PMPM	Allowed Cost per	Units per 1,000	Allowed PMPM	Allowed Cost per	Units per 1,000	Allowed PMPM	Allowed Cost per	Units per 1,000	Allowed PMPM
	2022	\$11,829.97	124.7	\$122.91	\$708.77	2,540.7	\$150.07	\$197.33	4,419.7	\$72.68	\$126.03	6,817.7	\$71.61
PROJECTED	2023	\$12,229.97	127.8	\$130.24	\$723.57	2,604.3	\$157.03	\$204.23	4,530.2	\$77.10	\$134.73	6,899.5	\$77.46
	2024	\$12,643.48	131.0	\$138.01	\$738.68	2,669.4	\$164.32	\$211.38	4,643.5	\$81.79	\$144.02	6,982.3	\$83.80
UNIT OF MEASUREMENT		Admits			Visits			Visits			Prescriptions		

National IFP Experience by Month

Year	Month	Allowed Cost PMPM				Paid Cost PMPM				Admit/Service			
		IP	OP	Profession: OMS	Pharmacy	IP	OP	Profession: OMS	Pharmacy	IP	OP		
2020	January	108.26	112.03	117.84	22.09	85.60	96.26	70.15	75.69	13.32	49.51	153.79	2,573.91
2020	February	101.02	115.69	119.01	24.26	88.54	92.40	80.89	83.37	17.25	62.20	155.33	2,577.47
2020	March	97.13	104.07	109.60	24.29	111.12	90.09	77.62	81.27	18.32	86.16	151.96	2,222.42
2020	April	72.36	73.32	82.08	22.18	100.89	67.53	59.50	63.75	18.15	82.97	137.83	1,357.42
2020	May	103.24	95.44	102.37	23.90	101.32	97.20	77.28	79.35	19.38	86.56	152.93	1,970.17
2020	June	103.39	118.55	125.61	27.35	111.95	96.93	94.58	104.49	22.51	97.56	168.05	2,682.55
2020	July	113.72	125.77	130.13	28.29	121.77	107.60	100.97	110.45	23.62	106.91	164.38	2,996.32
2020	August	109.43	126.08	132.47	30.23	122.02	103.42	101.10	112.30	25.36	108.38	158.56	2,845.20
2020	September	98.60	125.40	139.10	31.60	127.74	93.28	101.46	118.73	26.65	114.54	144.40	2,934.58
2020	October	89.13	138.01	154.13	32.69	127.76	83.48	112.38	132.07	27.53	114.39	154.26	3,110.53
2020	November	71.39	141.47	159.27	35.15	122.48	66.57	116.35	127.46	29.60	110.52	104.78	2,769.87
2020	December	31.42	162.43	244.31	50.41	145.01	28.95	129.49	194.82	41.88	131.93	20.32	1,846.63
2021	January	88.68	90.82	95.10	16.55	117.65	81.10	63.39	64.20	10.06	83.56	119.00	2,295.98
2021	February	111.61	117.17	125.37	22.37	151.16	102.16	87.30	90.03	16.10	119.95	143.98	2,672.48
2021	March	126.28	142.29	154.73	28.57	184.90	115.63	108.73	115.74	21.69	156.93	160.56	3,319.16
2021	April	120.80	143.18	150.02	28.54	181.61	114.46	112.00	113.27	22.40	158.98	157.72	3,186.25
2021	May	114.55	137.09	140.87	25.96	171.68	105.87	107.75	108.60	20.43	152.13	161.44	2,862.02
2021	June	113.99	143.40	149.20	28.27	171.88	106.13	113.78	117.03	22.85	153.79	158.00	2,950.92
2021	July	120.47	142.16	141.72	26.32	171.78	112.03	112.96	112.12	21.48	155.46	165.63	2,918.91
2021	August	124.48	146.07	149.42	26.29	182.60	116.49	118.63	120.46	21.62	165.88	177.01	3,303.50
2021	September	115.62	136.43	142.94	24.49	177.81	107.04	111.76	116.52	20.14	162.42	172.56	3,124.02
2021	October	89.14	136.68	139.22	25.50	180.70	83.29	112.89	114.01	21.46	166.30	171.06	2,960.49
2021	November	79.98	132.34	134.86	24.20	186.26	73.43	110.70	111.25	20.60	172.38	149.90	2,852.82
2021	December	56.22	131.21	126.81	23.62	197.21	51.71	110.68	106.72	20.49	183.34	126.24	2,956.24
2022	January	142.47	139.06	137.84	26.67	189.88	126.59	95.18	95.01	17.68	140.36	192.77	3,268.27
2022	February	120.75	135.74	136.21	26.20	181.50	107.03	99.65	98.13	18.69	149.96	179.79	2,769.32
2022	March	131.83	161.78	159.31	31.24	215.51	116.37	122.51	119.00	23.88	187.31	205.43	3,184.12
2022	April	125.43	154.69	149.39	28.05	200.61	114.54	119.13	113.98	21.81	178.84	191.76	2,956.17
2022	May	130.23	154.38	151.39	29.69	203.49	120.56	120.43	117.24	23.90	183.46	209.87	3,057.07
2022	June	125.28	157.47	154.02	30.42	213.45	114.38	124.53	120.88	24.87	194.84	191.58	3,081.06
2022	July	132.44	147.74	145.18	29.49	203.69	122.17	117.01	115.48	24.18	186.82	212.54	2,858.13
2022	August	137.35	161.86	167.33	31.87	226.91	126.48	129.93	134.70	26.62	209.01	233.86	3,206.30
2022	September	126.29	147.33	152.50	29.00	206.92	116.74	118.95	123.49	24.22	191.27	219.00	2,876.99
2022	October	136.09	144.88	156.09	31.02	212.87	126.78	117.20	127.13	26.38	197.70	222.17	2,899.36
2022	November	127.20	150.01	151.62	29.28	212.32	115.22	123.60	124.34	25.02	197.67	204.10	2,867.58
2022	December	107.77	149.26	146.00	29.19	213.94	100.61	123.97	121.50	25.14	199.72	189.89	2,774.55

PA State Experience by Month

Year	Month	Allowed Cost PMPM				Paid Cost PMPM				Admit/Service			
		IP	OP	Profession: OMS	Pharmacy	IP	OP	Profession: OMS	Pharmacy	IP	OP		
2022	January	85.40	48.42	33.24	3.66	29.43	73.65	22.18	16.65	1.48	18.87	25.27	1,789.30
2022	February	199.33	88.65	67.66	15.72	49.80	176.73	50.05	41.11	8.22	29.74	156.69	2,052.13
2022	March	102.66	131.98	73.60	9.80	70.20	84.14	92.29	48.46	4.50	40.47	141.53	2,466.60
2022	April	95.15	112.82	57.23	7.39	70.16	52.58	78.75	35.40	3.08	49.22	85.93	2,239.15
2022	May	122.06	178.02	55.27	10.06	80.25	109.79	142.81	35.41	3.67	62.89	75.82	2,537.36
2022	June	186.07	225.11	69.35	12.14	90.14	160.42	170.15	46.34	5.57	65.27	207.23	2,795.14
2022	July	95.44	116.53	62.99	13.35	104.08	88.43	87.43	44.73	9.13	85.11	65.71	2,603.07
2022	August	122.56	227.46	100.44	10.88	142.22	106.05	168.17	72.41	6.82	114.47	85.93	3,346.08
2022	September	124.20	155.00	77.20	11.27	126.71	111.24	116.53	54.36	7.48	98.95	60.65	2,805.25
2022	October	184.80	128.61	90.28	16.98	126.72	139.25	90.96	65.87	11.93	109.56	96.04	2,663.72
2022	November	63.23	169.50	85.41	12.76	121.57	51.09	131.42	60.75	8.61	102.74	80.87	2,582.85
2022	December	20.16	152.16	67.24	10.80	106.92	19.09	116.39	47.21	7.42	87.24	70.76	2,183.55

Other Inputs				
Allowed Cost per	Units per 1,000	Allowed PMPM	Capitation PMPM	Total PMPM
\$346.59	1,018.1	\$29.41	\$0.00	\$490.97
\$258.67	1,200.9	\$25.89	\$0.00	\$593.23
\$260.93	1,297.5	\$28.21	\$0.00	\$641.44
\$279.71	1,330.0	\$31.00	\$0.00	\$681.07
\$299.85	1,363.2	\$34.06	\$1.00	\$724.39
Visits				

Other Inputs				
Allowed Cost per	Units per 1,000	Allowed PMPM	Capitation PMPM	Total PMPM
\$177.58	788.9	\$11.67	\$0.00	\$428.94
\$191.09	808.6	\$12.88	\$0.00	\$454.71
\$205.63	828.9	\$14.20	\$1.00	\$483.13
Visits				

Count Utilization per 1000		
Profession:	OMS	Pharmacy
5,715.14	992.46	7,637.73
5,649.38	997.53	7,752.40
5,129.44	934.40	8,812.46
3,918.08	694.57	7,626.05
4,658.81	835.75	7,765.31
5,857.15	1,025.97	8,295.88
6,121.60	1,122.35	8,512.44
6,022.03	1,127.56	8,585.61
6,451.89	1,266.01	8,972.78
6,751.70	1,323.65	9,281.66
5,781.54	1,097.93	8,504.12
4,275.96	738.48	9,028.87
4,505.22	810.23	6,060.98
5,620.96	1,042.89	7,344.74
7,178.92	1,369.64	9,675.75
7,144.64	1,361.82	10,084.64
6,406.39	1,225.05	9,362.55
6,647.39	1,271.65	8,805.28
6,334.30	1,232.10	8,483.50
6,838.07	1,257.12	9,305.29
6,592.82	1,236.80	8,963.80
6,448.38	1,268.14	9,290.79
6,295.30	1,220.75	9,418.58
6,036.60	1,156.76	10,048.96
6,472.62	1,219.43	18,077.43
6,121.49	1,215.64	15,925.90
7,088.81	1,374.79	18,425.58
6,446.54	1,281.29	17,537.11
6,610.02	1,310.55	18,409.19
6,705.76	1,324.90	18,361.18
6,127.81	1,277.43	17,894.43
7,164.89	1,412.42	19,670.69
6,485.83	1,289.95	18,611.29
6,654.36	1,314.34	19,590.79
6,503.65	1,289.52	19,066.03
6,102.77	1,242.59	19,025.20

Count Utilization per 1000		
Profession:	OMS	Pharmacy
2,244.20	313.38	7,921.93
3,517.94	621.70	9,086.66
4,114.37	783.45	10,628.95
3,710.01	743.01	11,642.39
3,917.24	778.39	12,439.48
4,281.17	975.52	12,542.77
4,043.60	909.81	12,982.67
4,857.38	859.27	14,694.13
4,614.76	737.96	14,130.21
5,019.12	828.94	16,405.58
4,897.82	1,122.10	15,130.66
4,058.77	773.34	14,377.38

Table 5: Credibility	
Experience MMOS	28,489
Full Credibility MMOS	100,000
Total Change in Morbidity	53.0%

Cathy Wang, FSA, MAAA
Cigna Healthcare Pricing



July 14th, 2023

Lorraine Badarzynski
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Ms. Badarzynski,

This letter is in response to your July 7th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

1. Please update the 2022 experience period risk adjustment amount in Table 2 to reflect the final CMS risk adjustment amount released on June 30th.

This value has been updated to reflect the final CMS risk adjustment amount.

Objection 2

2. If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.

The risk adjustment transfer amount in Table 5 has been modified for the updated assumption based on the final CMS transfer amount received. The projected risk adjustment amount has increased to reflect the higher payable position in 2023 and 2024 than we previously anticipated.

Objection 3

3. Please update your filing to reflect the reinsurance coinsurance percentage of 50 percent.

The refiling documents have been updated to reflect the reinsurance coinsurance percentage of 50%.

Objection 4

4. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.

We confirm that the rates are identical in the exhibits mentioned above.

Objection 5

5. Please ensure that the 7/14/23 versions of the following items are posted in SERFF with your July 14th response to this data call.
- a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
 - b. PA Actuarial Memorandum
 - c. PA Actuarial Memorandum Exhibits (don't forget to update the "VI Rate Change Summary" tab, if necessary)
 - d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")
 - e. URRT
 - f. Federal Rate Template
 - g. Part III: Actuarial Memorandum
 - h. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

The cover letter has been updated to reflect the changes introduced by the refiling. In addition, updated versions of the files above have been included in the submission.

Objection 6

6. The following questions are regarding the response to objection 2a:
- a. Please provide the quantitative development and a description of the -39.4% and 38.2% morbidity values as it's not clear what these values represent or how they were calculated.

The morbidity adjustments are based on the 2022 morbidity experience. Pennsylvania had a relative healthy population compared to the average market, the normalized 2022 morbidity factor for Pennsylvania is 0.606 compared to a 1.000 national factor. The 2022 (State Actual) Morbidity adjustment of -39.4% is derived from $1 - 0.606 = -0.394$. We project the 2024 normalized morbidity factor to be 0.618 relative to the average market, so the 2024 (Projected) Morbidity adjustment is derived from $1 - 0.618 = -0.382$.

- b. Please provide the CSR distribution which underlies the experience period.

The CSR distribution which underlies the 2022 experience period can be found on tab 6b of the PAObjectionResponseExhibit7.14.2023.xlsx.

Objection 7

7. Please provide the distribution of membership by age and the resulting average demographic factor, similar to what was provided on tab 2b of the response Excel file, for the following periods:
- a. 2022 membership for the actual experience
 - b. 2022 membership for the manual rate
 - c. Projected 2024 membership

Please see tab 7 of the PAObjectionResponseExhibit7.14.2023.xlsx.

Objection 8

8. Regarding the response to objection 2e, please provide the quantitative development and description of the below items included in the other adjustment:

- a. Affordability Initiatives

The affordability initiative adjustments include the projected savings from the out of network and behavior network initiatives and the formulary updates impact. Cigna IFP has national targets for these affordability initiatives, once these targets were developed and handed off to us, then the estimated savings were attributed to each state separately based on opportunity.

b. Inflation

The inflation assumption was adjusted by the expected open contracts in each state to reflect the projected rate increase driven by the inflation pressure.

c. Rx Discount Deterioration

Cigna develops national target to account for changes we made on pharmacy and then the estimated impact was attributed to each state based on pharmacy expenses.

Objection 9

9. Regarding the response to objection 3d, please provide a description of what the 178.3% and 177.8% expected network cost values represent (e.g., percentage of Medicare).

a. If the values do represent a percentage of Medicare, please provide a description for how differences in what 100% of Medicare represents between PA and national experience was accounted for (i.e., the allowed amount representing 100% of Medicare for a given service in PA is not necessarily equivalent to the allowed amount representing 100% of Medicare for that same service nationwide).

The values represent a percentage of Medicare. The CMS DRG/APC base rate relativities are used to calculate and apply normalization factors to these Medicare percentages.

Objection 10

10. Regarding the response to objection 3e, on page 4 (in section 7) of the Actuarial Memorandum, an adjustment to the manual rate is referenced for "Pharmacy Formulary Savings." Please provide a detailed quantitative exhibit displaying the development of this adjustment or update the Actuarial Memorandum to remove this reference. The following questions are regarding the response to question 6:

a. Please provide the quantitative development, description, and source of the below items:

i. Table 6a: Morbidity Adjustment Breakout

1. 2022 Cigna PLRS of 0.910

2. 2024 Cigna GCF of 1.021

3. 2022 Market Risk Factor of 1.529

4. 2024 Market Risk Factor of 1.356

5. 2022 Market Rating Factor of 1.371

ii. Table 6b 1: PLRS Adjustment

1. Expected Morbidity Relative to Market of -6.6%

The 2022 factors are sourced from the Wakely data released in February 2023. The 2024 Market Risk Factor was estimated based on the 2022 factor provided in the Wakely data and adjusted by external factors assumed such as COVID improvement in 2023. Other factors such as the GCF was sourced from the CMS Risk Adjustment Summary Report.

b. The final risk adjustment information for benefit year 2022 was recently released by CMS. Does this updated information impact any of the assumptions previously provided in the development of the estimated 2024 risk transfer amount? If so, please update the filing and note what items changed and the reasoning for the change. If not, please provide support for not making any updates.

Based on the final risk adjustment information recently released by CMS, we increased the 2024 Cigna PLRS projection to reflect the higher payable position in 2023 and 2024 than we previously anticipated.

Objection 11

11. Regarding the response to objection 15, it was stated that “our Cumulative Probability Distribution is created using metal specific national ACA experience from 2022.” Does that mean there is a separate cumulative probability distribution used in the development of the pricing AV factors for each metal level? If a separate cumulative probability distribution is used, please provide a description for how morbidity differences by metal level were normalized for in the creation of the cumulative probability distributions as the pricing AVs should not reflect morbidity differences.

For 2023, Cigna is actually using just one CPD for all metals – that is a change from last year. The previous response assumed that the 2022 methodology was still in place, but that is actually not the case. Therefore, no normalization is necessary.

Objection 12

12. The exchange user fee of \$15.38 PMPM provided in Objection 19 response does not match what has been included in the PAAME. Please provide an updated PAAME and a detailed narrative as to why the two values did not match.

The updated PAAME file 13401_PAAM_6_21_2023.xlsm that was submitted on 6/21 along with the objection response has a consistent exchange user fee of \$15.38 PMPM as provided in objection 19. The difference in the exchange user fee from the previous version PAAME was driven by the different paid to allowed ratio used to multiply the allowed user fee amount. The change in the paid to allowed ratio was caused by the plan design change explained in objection 15 in 13401_ObjectionResponse_6_21_2023.pdf which changed the plan cost share.

Objection 13

13. The following objections pertain to tab 6 in Excel file “PAObjectionResponseExhibit...”:

a. Please provide a detailed narrative that explains the source of the 2022-2023 Change in Table 6b.

The 2022-2023 Change of statewide average premium for Pennsylvania was sourced from [acasignups.net](https://www.acasignups.net).

b. Please provide a detailed narrative that explains the source of the expected 2023-2024 change in table 6b.

The expected 2023-2024 Change of statewide average premium for Pennsylvania was estimated based on internal competitive analysis.

Objection 14

14. Based on the tables provided on page 2 of the actuarial memorandum, one can calculate the actual paid to allowed ratio of 0.6841. Please provide a detailed quantitative exhibit in Excel that preserves all formulas that walks from the aforementioned actual paid to allowed ratio based on actual experience to the theoretical projected paid to allowed ratio determined in Table 5 cell C28, 0.797.

a. Please also provide a detailed narrative on why these two values are over 10 percentage points apart.

The tables on page 2 of the actuarial memorandum reflects the 2022 experience as of 3/31/2023, the projected distribution between metal and CSR mix has shifted between 2023 and 2024 as well as some plan designs getting richer, so the paid to allowed ratio is expected to be different. Please find the development of the paid to allowed ratio of 0.797 in tab 14 of the PAObjectionResponseExhibit7.14.2023.xlsx.

Objection 15

15. Please provide a detailed narrative on how the weights by service category were determined in Table 3 of the PAAME. For example, are they based on historical experience?

The weights by service category are based on the 2022 national experience used to develop the manual rate.

Objection 16

16. Based on Table 1, the average age is projected to drop from 39.5 in the experience period to 38.8 in the projection period. Please provide a detailed narrative on why there is no favorable adjustment in cell C18 to account for this decrease in average age that is projected. If a reasonable explanation cannot be provided please incorporate a favorable adjustment within the rate development for the decrease in projected member age.

The projection period average age of 38.8 shown in Table 1 was estimated based on the age distribution in Table 7c of the PAObjectionResponseExhibit7.14.2023.xlsx where the oldest age was capped at 66, which means the actual average age of the projection period will be higher. The data on tab 7 of the PAObjectionResponseExhibit7.14.2023.xlsx indicates that we are expecting a higher demo factor in 2024 than experience in 2022 and more percentage of the population in the highest age bucket.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cathy Wang', written in a cursive style.

Cathy Wang, FSA, MAAA

Actuarial Advisor

Table 6b - 2022 Experience - CSR Mix								
CSR	Bronze	Silver Base	Silver 200-250% FPL	Silver 150-200% FPL	Silver 100-150% FPL	Gold	Platinum	Total
Total	44.70%	3.14%	1.26%	7.20%	3.02%	40.68%	0.00%	100.00%

Average Demo Factor 1.568

Table 7a. 2022 Actual Experience (PA)		
Age	%	Demo Factor
0	0.39%	0.765
1	0.39%	0.765
2	0.38%	0.765
3	0.38%	0.765
4	0.38%	0.765
5	0.38%	0.765
6	0.38%	0.765
7	0.38%	0.765
8	0.38%	0.765
9	0.38%	0.765
10	0.38%	0.765
11	0.38%	0.765
12	0.38%	0.765
13	0.38%	0.765
14	0.38%	0.765
15	0.38%	0.833
16	0.38%	0.859
17	0.38%	0.885
18	0.38%	0.913
19	0.38%	0.941
20	0.38%	0.970
21	2.55%	1.000
22	2.55%	1.000
23	2.55%	1.000
24	2.55%	1.000
25	2.55%	1.004
26	2.55%	1.024
27	2.55%	1.048
28	2.55%	1.087
29	2.55%	1.119
30	2.55%	1.135
31	2.15%	1.159
32	2.15%	1.183
33	2.15%	1.198
34	2.15%	1.214
35	2.15%	1.222
36	2.15%	1.230
37	2.15%	1.238
38	2.15%	1.246
39	2.15%	1.262
40	2.15%	1.278
41	1.47%	1.302
42	1.47%	1.325
43	1.47%	1.357
44	1.47%	1.397
45	1.47%	1.444
46	1.47%	1.500
47	1.47%	1.563
48	1.47%	1.635
49	1.47%	1.706
50	1.47%	1.786
51	2.04%	1.865
52	2.04%	1.952
53	2.04%	2.040
54	2.04%	2.135
55	2.04%	2.230
56	2.04%	2.333
57	2.04%	2.437
58	2.04%	2.548
59	2.04%	2.603
60	2.04%	2.714
61	2.48%	2.810
62	2.48%	2.873
63	2.48%	2.952
64	0.83%	3.000
65	0.83%	3.000
66+	0.83%	3.000

Average Demo Factor 1.596

Table 7b. 2022 Manual Rate (National)		
Age	%	Demo Factor
0	0.33%	0.765
1	0.33%	0.765
2	0.70%	0.765
3	0.70%	0.765
4	0.70%	0.765
5	0.70%	0.765
6	0.70%	0.765
7	0.70%	0.765
8	0.70%	0.765
9	0.70%	0.765
10	0.70%	0.765
11	0.70%	0.765
12	0.70%	0.765
13	0.70%	0.765
14	0.70%	0.765
15	0.70%	0.833
16	0.70%	0.859
17	0.70%	0.885
18	0.70%	0.913
19	0.70%	0.941
20	0.70%	0.970
21	1.12%	1.000
22	1.12%	1.000
23	1.12%	1.000
24	1.12%	1.000
25	1.12%	1.004
26	2.39%	1.024
27	1.99%	1.048
28	1.99%	1.087
29	1.99%	1.119
30	1.99%	1.135
31	1.80%	1.159
32	1.80%	1.183
33	1.80%	1.198
34	1.80%	1.214
35	1.80%	1.222
36	1.80%	1.230
37	1.80%	1.238
38	1.80%	1.246
39	1.80%	1.262
40	1.80%	1.278
41	1.96%	1.302
42	1.96%	1.325
43	1.96%	1.357
44	1.96%	1.397
45	1.96%	1.444
46	1.96%	1.500
47	1.96%	1.563
48	1.96%	1.635
49	1.96%	1.706
50	1.96%	1.786
51	2.31%	1.865
52	2.31%	1.952
53	2.31%	2.040
54	2.31%	2.135
55	2.31%	2.230
56	2.31%	2.333
57	2.31%	2.437
58	2.31%	2.548
59	2.31%	2.603
60	2.31%	2.714
61	2.35%	2.810
62	2.35%	2.873
63	2.35%	2.952
64	0.78%	3.000
65	0.78%	3.000
66+	0.78%	3.000

Average Demo Factor 1.572

Table 7c. 2024 Projected Membership (PA)		
Age	%	Demo Factor
0	0.20%	0.765
1	0.20%	0.765
2	0.37%	0.765
3	0.37%	0.765
4	0.37%	0.765
5	0.37%	0.765
6	0.37%	0.765
7	0.37%	0.765
8	0.37%	0.765
9	0.37%	0.765
10	0.37%	0.765
11	0.37%	0.765
12	0.37%	0.765
13	0.37%	0.765
14	0.37%	0.765
15	0.37%	0.833
16	0.37%	0.859
17	0.37%	0.885
18	0.37%	0.913
19	0.37%	0.941
20	0.37%	0.970
21	1.88%	1.000
22	1.88%	1.000
23	1.88%	1.000
24	1.88%	1.000
25	1.88%	1.004
26	4.02%	1.024
27	3.35%	1.048
28	3.35%	1.087
29	3.35%	1.119
30	3.35%	1.135
31	2.11%	1.159
32	2.11%	1.183
33	2.11%	1.198
34	2.11%	1.214
35	2.11%	1.222
36	2.11%	1.230
37	2.11%	1.238
38	2.11%	1.246
39	2.11%	1.262
40	2.11%	1.278
41	1.41%	1.302
42	1.41%	1.325
43	1.41%	1.357
44	1.41%	1.397
45	1.41%	1.444
46	1.41%	1.500
47	1.41%	1.563
48	1.41%	1.635
49	1.41%	1.706
50	1.41%	1.786
51	2.04%	1.865
52	2.04%	1.952
53	2.04%	2.040
54	2.04%	2.135
55	2.04%	2.230
56	2.04%	2.333
57	2.04%	2.437
58	2.04%	2.548
59	2.04%	2.603
60	2.04%	2.714
61	2.52%	2.810
62	2.52%	2.873
63	2.52%	2.952
64	0.84%	3.000
65	0.84%	3.000
66+	0.84%	3.000

Table 14. Cost Share Development

Plan Name	Connect Bronze 9450 Indiv Med Deductible	Connect Bronze 7800 Indiv Med Deductible	Connect Bronze 6500 Indiv Med Deductible	Connect Bronze 4400 Indiv Med Deductible Enhanced Diabetes Care	Connect Bronze HSA 6400 Indiv Med Deductible	Connect Bronze 0 Indiv Med Deductible	Connect Silver 5000 Indiv Med Deductible	Connect Silver 6000 Indiv Med Deductible	Connect Silver 2000 Indiv Med Deductible	Connect Gold 1000 Indiv Med Deductible	Connect Gold 2500 Indiv Med Deductible
Plan HIOS ID	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010019	13401PA0010006	13401PA0010007	13401PA0010013	13401PA0010014	13401PA0010015
Metal Tier	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Gold	Gold
Utilization Dampening	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	111.0%	111.0%	111.0%	108.0%	108.0%
Utilization Dampening Normalization	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%	95.3%
Cost Share (Base)	69.1%	72.4%	74.8%	72.5%	73.4%	78.8%	71.4%	73.1%	72.9%	83.5%	83.3%
Cost Share (CSR 73)	NA	NA	NA	NA	NA	NA	74.5%	75.6%	NA	NA	NA
Cost Share (CSR 87)	NA	NA	NA	NA	NA	NA	86.6%	86.7%	NA	NA	NA
Cost Share (CSR 94)	NA	NA	NA	NA	NA	NA	92.6%	93.3%	NA	NA	NA
Silver Distribution (Base)	NA	NA	NA	NA	NA	NA	5.7%	5.7%	NA	NA	NA
Silver Distribution (CSR 73)	NA	NA	NA	NA	NA	NA	11.4%	11.4%	NA	NA	NA
Silver Distribution (CSR 87)	NA	NA	NA	NA	NA	NA	44.1%	44.1%	NA	NA	NA
Silver Distribution (CSR 94)	NA	NA	NA	NA	NA	NA	38.7%	38.7%	NA	NA	NA
Total Blended Cost Share	69.1%	72.4%	74.8%	72.5%	73.4%	78.8%	86.7%	87.2%	72.9%	83.5%	83.9%
Total Plan Level Cost Share	66%	69%	71%	69%	70%	75%	92%	92%	77%	86%	86%
Plan Weight	4%	4%	23%	3%	5%	3%	7%	3%	3%	25%	18%
Total Projected Paid/Allowed	79.7%										



Cathy Wang, FSA, MAAA
Cigna Healthcare Pricing

July 25th, 2023

Lorraine Badarzynski
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Ms. Badarzynski,

This letter is in response to your July 20th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

1. Regarding the response to objection 6a, please provide the quantitative development of the 2024 projected 0.618 morbidity factor and the 2022 experience morbidity factor of 0.606.

The 2022 experience morbidity factor is developed by taking the weighted average of the manual claims PMPM by age and metal based on the expected PA metal distribution compared to the national weighted average. The development of the factor can be found in table 1a on tab 1 of the PAObjectionResponseExhibit7.25.2023.xlsx. Then the 2024 factor was developed by trending the 2022 factor of 0.606 using the expected % change in age and metal mix based on 2023 and 2024 projections. Please see below and table 1b on tab 1 of the PAObjectionResponseExhibit7.25.2023.xlsx.

Table 1b: PA 2024 Build-up	
PA 2022 Experience	0.606
% Change due to Age/Metal 2022 to 23	1.80%
% Change due to Age/Metal 2023 to 24	0.20%
Change in Benefit Factor	0.618

Objection 2

2. Please provide the quantitative development of the below items included in the other adjustment, noted in objection 8. The prior response only provided a narrative description of the adjustments with no quantitative development or support.

a. Affordability Initiatives

The estimated savings of the affordability initiatives are calibrated based on YTD progress and then calculated into a percentage below to offset premium.

Table 2a: Affordability Adj	
OON Impact 2023	-2.4%
BH Network Impact 2023	-1.2%
Formulary Update 2023	-1.4%
Other	-0.4%
Affordability Improvement Adj	-5.4%

b. Inflation

The inflation adjustment is applied to account for the expected pressure for open network contracts in Pennsylvania. As of right now, there are roughly 12% of spend from providers with open contracts, we assume a 4% average trend from them, so a 0.5% of inflation adjustment is applied to reflect that pressure from contracting.

Table 2b: Inflation Adj	
% Spend of Open Contract Providers	12%
Expected Trend	4%
Inflation Adj	0.5%

c. Rx Discount Deterioration

The Rx Discount Deterioration captures the pharmacy discount improvement across the whole book of business and the adjustment for Pennsylvania is applied based on how PA pharmacy spend compares to the national pharmacy spend.

Table 2c: Rx Discount Adj	
National Savings %	-3.2%
PA vs National Rx Spend	90%
Rx Discount Adj on Rx	-2.9%
Rx Utilization	17%
Rx Discount Adj on Total	-0.5%

Objection 3

3. Please provide a detailed quantitative exhibit displaying the development of the -6.6% 'Expected Morbidity Relative to Market' adjustment included in the risk transfer estimate.

Please see development of the factor in tab 3 of the PAObjectionResponseExhibit7.25.2023.xlsx.

Objection 4

4. Please provide the quantitative build-up of the updated risk transfer estimate, due to the release of final 2022 risk adjustment information by CMS, in the same manner as was done on tab '6' of the June 21st objection responses.

Please see tab 4 of the PAMemberResponseExhibit7.25.2023.xlsx.

Objection 5

5. Please provide the quantitative development of the updated 'Other' factor, and any necessary components which make up this factor, included with the refiling. Please also provide a description of the new data/information which was received that led to the changing of this factor.

Please see below and tab 5 of the PAMemberResponseExhibit7.25.2023.xlsx for development of the 'Other' factor.

The affordability initiative adjustment is projected based on a national level and eventually incorporated to each state based on how 2023 experience is going. Based on the recent internal savings analysis, we do not expect to achieve the savings level which we anticipated before, so the affordability initiative adjustment was increased in the refiling. The inflation factor was reduced to reflect the new information we received after finalizing the open network contracts in Pennsylvania. The Rx Discount Deterioration was adjusted down slightly to account for the most recent estimated impact for changes we made on pharmacy on an organization level.

Table 2e: Other Adj	
Affordability Initiatives (2023 + 2024)	0.946
Inflation	1.005
Rx Discount Deterioration	0.971
Rx Utilization	17%
Other Adj	0.946

Objection 6

6. Please update the Rate/Rule Schedule tab to reflect the revised rate information.

The Rate/Rule Schedule failed to upload on 7/14 due to a pending post submission update in SERFF. The Rate/Rule Schedule has been updated to reflect the revised rate information and will be included in this submission.

Objection 7

7. Please explain why they Current Period members as of 2/1/2023 changed in Table 1 in the PAAM exhibit.

The data source used in the original membership data pull for Table 1 in PAAM versions before 6/21/2023 was different from the data source we use to map unique membership and plans, and there was duplication in the old data source. The membership in PAAM has been corrected and updated to be consistent with other places since the PAAM version 6/21/2023.

Objection 8

8. In the PAAM exhibit, on Table 15 on the tab, VI Rate Change Summary tab please update cell B4 with the revised rate increase of 13.1%.

The number has been updated, please see 13401_PAAM_7_25_2023.xlsm.

Objection 9

9. The cover letter indicates a rate increase of 13.2%. The PAAM indicates a 13.1% rate increase. Which is correct?

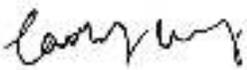
The slight difference between the rate increase in the PAAME and in the cover letter that comes from the URRT is that the weighted average rate increase in the PAAME is member weighted while the weighted average rate increase shown in the URRT is premium weighted.

The cover letter has been updated to clarify the difference in rate increase.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,



Cathy Wang, FSA, MAAA

Actuarial Advisor

Table 5: Other Adj	
Affordability Initiatives (2023 + 2024)	0.946
Inflation	1.005
Rx Discount Deterioration	0.971
Rx Utilization	17%
Other Adj	0.946

Cathy Wang, FSA, MAAA
Cigna Healthcare Pricing



July 31st, 2023

Lorraine Badarzynski
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Ms. Badarzynski,

This letter is in response to your July 25th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

1. The following objections pertain to Exhibit 14 provided within the prior response:

a. Please explain why the CSR variant plans are building in the 73%, 87%, 94% paid to allowed ratios when the CSR Load is designed to account for this additional load. It appears that the defunding of the CSR variant plans is being double counted in the MAIR and at the plan level since the underlying base experience already has claims based on members in CSR Variant plans.

The PAAME has been updated previously to reflect the correct paid to allowed ratio of 0.792, please refer to the most recent PAAME file dated 13401_PAAM_7_25_2023.xlsm. Please also find the updated development of the paid to allowed ratio on tab 1 of the PAObjectionResponseExhibit7.31.2023.xlsx, the CSR variant plans are not included in the development.

Objection 2

2. The following objections pertain to Exhibit 6b provided within the prior response:

a. Please provide quantitative and qualitative support for the change in the historical to projected silver base population. Only considering silver enrollment, it is projected to change from 21.5% to 5.7%.

The 5.7% silver base enrollment assumption is informed by the current membership distribution pulled as of February 2023. We assume the distribution will stay the same for 2024.

Objection 3

3. Please explain what additional information has arisen such that the actual experience's Change in Other as provided in Table 5 of PA/ME has changed from 0.898 to 0.9460. Provide qualitative and quantitative support that speaks specifically to the affordability initiatives.

Please see development of the updated Other factor in table 3a on tab 3 of the PAObjectionResponseExhibit7.31.2023.xlsx.

The affordability initiative adjustment is projected based on a national level and eventually incorporated to each state based on how 2023 experience is going. Based on the recent internal savings analysis, we do not expect to achieve the savings level which we anticipated before, so the affordability initiative adjustment was increased in the refiling. The inflation factor was reduced to reflect the new information we received after finalizing the open network contracts in Pennsylvania. The Rx Discount Deterioration was adjusted down slightly to account for the most recent estimated impact for changes we made on pharmacy on an organization level.

Table 3b: Affordability Adj	
OON Impact 2023	-2.4%
BH Network Impact 2023	-1.2%
Formulary Update 2023	-1.4%
Other	-0.4%
Affordability Improvement Adj	-5.4%

Objection 4

4. Please explain what additional information has arisen such that the risk adjustment assumption has been changed from -97.87 to -111.70. Provide qualitative and quantitative support.

Based on the final CMS transfer amount published on June 30th, the projected risk adjustment amount has increased to reflect the higher payable position in 2023 and 2024 than we previously anticipated.

Please see the quantitative development on tab 4 of the PAObjectionResponseExhibit7.31.2023.xlsx.

Objection 5

5. Please explain: If Cigna is becoming more of a payer into risk adjustment, this implies that the morbidity of Cigna's individual block of business is becoming healthier compared to the statewide average. Please provide qualitative and quantitative support for the updated base period to projection period adjustment factor that accounts for this morbidity improvement.

Please see the quantitative risk adjustment development on tab 4 of the PAObjectionResponseExhibit7.27.2023.xlsx. Based on the final CMS transfer amount published on June 30th, the market risk factor was adjusted higher to reflect that Cigna is becoming relatively healthier compared to the market.

Objection 6

6. Please provide qualitative support to the change in metallic AV and pricing AV for 13401PA0010003.

The product design of the expanded bronze plan 13401PA0010003 has been updated to address the AV value falling out of the metal range in the update Federal AV calculator, so that it accurately reflects the PCP copay not subject to plan deductible and the 50% coinsurance for ER services.

Objection 7 & 8

7. Please update the Rate/Rule Schedule tab to reflect the revised rate information.

8. Please update the Rate/Rule Schedule tab to reflect the revised rate information.

The Rate/Rule Schedule failed to upload on 7/14 due to a pending post submission update in SERFF. The Rate/Rule Schedule has been updated to reflect the revised rate information and has been included in the 7/25 submission again.

Objection 9

9. In the PAAM exhibit, on Table 15 on the tab, VT Rate Change Summary tab please update cell B4 with the revised rate increase of 13.1%.

The number has been updated, please see 13401_PAAM_7_25_2023.xlsm from the 7.25 submission.

Objection 10

10. The cover letter indicates a rate increase of 13.2%. The PAAM indicates a 13.1% rate increase. Which is correct?

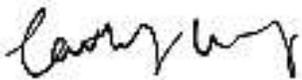
The slight difference between the rate increase in the PAAME and in the cover letter that comes from the URRT is that the weighted average rate increase in the PAAME is member weighted while the weighted average rate increase shown in the URRT is premium weighted.

The cover letter 13401_pa_coverletter_7_25_2023.pdf has been updated to clarify the difference in rate increase in the 7.25 submission.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,



Cathy Wang, FSA, MAAA

Actuarial Advisor

Table 3a: Other Adj	
Affordability Initiatives (2023 + 2024)	0.946
Inflation	1.005
Rx Discount Deterioration	0.971
Rx Utilization	17%
Other Adj	0.946

Table 3b: Affordability Adj	
OON Impact 2023	-2.4%
BH Network Impact 2023	-1.2%
Formulary Update 2023	-1.4%
Other	-0.4%
Affordability Improvement Adj	-5.4%

Table 4: Morbidity Adjustment Breakout		
Component	2022 State	2024 Projected
Actuarial Value (AV)	0.696	0.701
Plan Liability Risk Score (PLRS)	0.910	0.865
Allowable Rating Factor (ARF)	1.578	1.572
Induced Demand Factor (IDF)	1.037	1.039
Geographic Cost Factor (GCF)	0.998	1.021
Statewide Average Premium (P)	\$509.54	553.16
Cigna Risk Factor (PLRS * IDF * GCF)	0.942	0.917
Market Risk Factor	1.529	1.409
Cigna Rating Factor (AV * ARF * IDF * GCF)	1.136	1.170
Market Rating Factor	1.371	1.371
Transfer PMPM (P * [N1 - N2] * 0.86)		-\$111.70

Cathy Wang, FSA, MAAA
Cigna Healthcare Pricing



August 7th, 2023

Dave Yanick
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Mr. Yanick,

This letter is in response to your August 4th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

1. The following objections pertain to responses received on 7/31/23:

a. The response received to Objection 1 is not sufficient because no explanation was given and tab 1 of the objection exhibit still has the CSR variant AVs included within the projected Paid to Allowed ratio calculation. Please explain or remove.

b. Please explain why taking the weighted average of rows 16 and 17 on tab 1 produce a projected paid to allowed ratio of 79.03%, yet 79.32% is shown in cell E24.

c. Regarding tab 3 of the objection exhibit, please provide what percent of claims the Company expects will be OON and how this compares to the individual ACA market as a whole.

a. Cigna price starting from using the experience allowed claims, not paid claims, so there is no CSR load in the experience to represent the actual Silver cost share inclusive of CSR plas. Then we look at the actual projected cost share for the 2024 plans to arrive at the blended cost share portfolio which was provided in table 1 of the PAObjectionResponseExhibit7.31.2023.xlsx that was submitted in the previous objection. Therefore, there is no explicit CSR load in our pricing model and we are only projecting forward the actual cost share by plan for 2024, so there should be no double counting for the CSR load.

b. The difference between the two paid to allowed ratio calculations is the averaging methodology. Taking the weighted average of rows 16 and 17 is member-weighted, while cell E24 is taking the average of total claims and is cost-weighted.

c. We expects approximately 12% of the claims will be OON in Pennsylvania, this number is higher than what we experienced in the national individual ACA market averaging about 6%.

Objection 2

2. The following objections pertain to risk adjustment:

a. Please provide a detailed narrative that explains the drivers on how Cigna mis-estimated the initial CY22 risk adjustment transfer amount that was originally included within the PY22 rate development in 2021.

b. Based on the CMS Summary Report on Permanent Risk Adjustment Transfers for the 2022 Benefit Year and the CY22 member months provided in Table 1 of PAAME, one can calculate the transfer payment of approximately -108.07 PMPM. Please provide a detailed quantitative narrative that describes:

i. why Cigna believes the PY24 risk adjustment transfer amount (on a PMPM basis) will be greater than (i.e., more of a payer) what has been provided by both the Department and CMS for CY22.

ii. why considering the sizeable rate increase requested (due primarily to the huge miss on risk adjustment) one could reasonably assume that the healthiest members of the block will leave, yet Cigna does not anticipate that happening.

c. If a reasonable explanation cannot be provided to the above questions on risk adjustment, the Company should revise its risk adjustment estimate to be equal to what has been provided within the CMS report.

a. Cigna first entered the Pennsylvania market in PY2022, therefore back in 2021 when we first priced Pennsylvania, we did not have any actual experience in this market to use for estimating the first-year 2022 risk adjustment transfer amount. Instead, we made educated assumptions at that time for new market entry based on our national IFP experience informed by the 2019 CMS data, which has been proven to not accurately capture the level of morbidity and risk adjustment amount that we are experiencing in 2022 and 2023.

b. Based on the CMS Summary Report on Permanent Risk Adjustment Transfers for the 2022 Benefit year, Cigna is at a higher payable position than previously projected in 2022. In addition, we took into account the Wakely National Risk Adjustment Report published on June 29th for Pennsylvania, which gave us our first view on how 2023 is performing and thus provided additional line of sight for our 2023 and 2024 projections as we otherwise have to project based only on the 2022 data. The Wakely report showed that PA had a much higher payable risk adjustment transfer amount PMPM from January to April 2023, so we were able to use that data to refine our understanding and projection of the risk profile of our membership as explained in the quantitative development of our risk factors on tab 4 of the PAObjectionResponseExhibit7.31.2023.xlsx that was submitted in the previous objection.

Given our last year's rate increase for PY 2023, we expected our 2023 risk adjustment position would improve, but the emerging experience from the Wakely data shows that it did not improve and actually got worse than 2022. There is no additional data or information to support that the risk adjustment will improve again for the rest of 2023 and 2024 based on what we have seen last year, so we are considering the rate increase requested for PY 2024.

Objection 3

3. The following objection pertains to Table 8 of the PAAME:

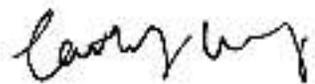
a. Please explain why the percent change in row 71 does not approximate the change shown in row 99.

The PAAME file has been updated to reflect the correct numbers, please see file 13401_PAAM_8_7_2023.xlsm.

Please contact Cathy Wang at Cathy.Wang@Cigna.com with any questions or concerns.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink, appearing to read "Cathy Wang". The signature is fluid and cursive, with the first name "Cathy" and last name "Wang" clearly distinguishable.

Cathy Wang, FSA, MAAA

Actuarial Advisor

Steven Giori, FSA, MAAA
Cigna Healthcare Pricing



August 15th, 2023

Dave Yanick
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Mr. Yanick,

This letter is in response to your August 14th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

1. The following objection pertains to the response received on 8/7 to objection #3:
 - a. It appears that in Table 8 of PAAME the 2023 Base period allowed claims before normalization PMPM was changed from 533.11 to 563.50. In reviewing last year's PAAME for PY23, this cell was 533.11. Please provide a detailed narrative that explains where the 563.50 is coming from.

The 2023 Base period allowed claims before normalization PMPM has been updated to \$533.11 which is consistent with last year's PAAME. This results in the percent change in row 99 (13.1%) to differ from the percent change in row 71 (17.5%). Please see file 13401_PAAM_8_15_2023.xlsm.

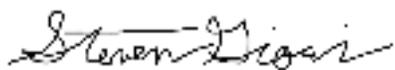
Upon further review, we believe that this disconnect is being driven by the credibility-weighted factors in Table 9. Since the manual and experience Base Rates are coming out materially different in our model, the blended factors are not representative of the actual change in each of those. Specifically, majority of this disconnect is explained by the URRT morbidity adjustment. Since the morbidity adjustment differs greatly between experience and manual, the credibility-weighting of the factors is not representative of the true impact. If the 2024 URRT Morbidity adjustment in cell K74 in Table 9 incorporated the base rates and credibility factor when blending, then it is more reflective of the actual impact resulting in the percent change in row 99 to be closer to the percent change in row 71.

Please see the quantitative example of the revised morbidity adjustment blending on tab 1 of the PAObjectionResponseExhibit8.15.2023.xlsx.

Please contact Steven Giori at Steven.Giori@CignaHealthcare.com with any questions or concerns.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink that reads "Steven Giori". The signature is written in a cursive style with a horizontal line above the first few letters.

Steven Giori, FSA, MAAA

Actuarial Director

Table 9. URRT Morbidity Current Calculation		
	Actual Experience Data	Manual Data
Change in Morbidity - Impact of Reinsurance Program	1	1
Change in Morbidity - All Other	1.02	0.62
Credibility Factors	0.53	0.47
2024 URRT Morbidity	0.830	

Table 9. URRT Morbidity Revised Calculation		
	Actual Experience Data	Manual Data
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 432.88	\$ 641.44
Change in Morbidity - Impact of Reinsurance Program	1	1
Change in Morbidity - All Other	1.02	0.62
Credibility Factors	0.53	0.47
2024 URRT Morbidity	0.791	

Steven Giori, FSA, MAAA
Cigna Healthcare Pricing



September 7th, 2023

Dave Yanick
Bureau of Accident & Health Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052023 – Effective 01/01/2024**

Dear Mr. Yanick,

This letter is in response to your September 6th, 2023 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

Objection 1

The prior response dated 8/25 is not sufficient. Please provide a formal response to each concern addressed. Furthermore, it is noted that a corrected Plan Design Summary (PDS) excel file is still missing from the Rate/Rule tab in SERFF.

1. The following objections pertain to the Rate/Rule tab:
 - a. Please update the company rate information section and rate review detail section. Please ensure that rate increases are consistent across locations.

The rate increases are confirmed to be consistent across locations.
 - b. The PAAM is not updated in Item #1. Please update to the 8/15 version.

The PAAM has been updated to the 8/15 version. Note that the rate increase in the PAAM is not exactly the same as in the URRT and Actuarial Memo, since that template does a member weighted average, while the URRT is premium weighted.
 - c. Item #2 PDS does not appear to be the most up-to-date. Please confirm or correct the version.

The PDS has been updated to the 8/25 version.
2. Is the overall rate impact on the General Information tab correct? Please confirm or correct.

The overall rate impact on the General Information tab is correct.
3. Is an updated URRT needed? The most recent is dated 7/14.

The latest URRT has already been uploaded, so an updated URRT is not needed.

4. Is an updated Federal Memo (& redacted version) needed? The most recent is dated 7/14.

An updated Federal Memo (& redacted version) is not needed

5. Is an updated Part III needed? The most recent is dated 7/14.

An updated Part III is not needed.

6. Is an updated cover letter needed? The most recent is dated 7/25.

An updated cover letter is not needed.

7. Is an updated state actuarial memo needed? The most recent is dated 7/14.

An updated state actuarial memo is not needed.

8. Are new AV screenshots needed? The latest version is what was initially submitted on 5/17. It appears a new version was placed in a new line item on the supporting docs tab. Please add the update to the original line item.

The AV Screenshot has been updated to the 6/21 version.

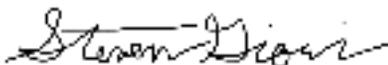
9. ACA Public Rate Filing PDF - the department needs 2 public rate filing PDFs - based off of 5/17 filing (corrected) and the final filing. Please ensure the appropriate versions are in the "ACA Public Rate Filing PDF" line item.

The latest ACA Public Rate Filing PDF has been uploaded.

Please contact Steven Giori at Steven.Giori@CignaHealthcare.com with any questions or concerns.

Thank you for your attention.

Sincerely,



Steven Giori, FSA, MAAA

Actuarial Director

Redaction Justification Document

Cover Letter

- Redacted names and contact information
- Redacted company contact information – name, telephone number, email address

URRT Part III – Federal Actuarial Memorandum

- Redacted Name of opining actuary [Opining actuary's name]
- Redacted company contact information – name, telephone number, email address
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]

PA Rate Template

- Column C through E in Tabs "II.a. Reins Table – Exp" and "II.b. Reins Table – Proj"

Unique AV Justification File

- Redacted Name of opining actuary

AV Screenshots

- Entire File Redacted

Objection Response 1

- Redacted Commission Schedule [Commission schedules]
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]
- Redacted Network Cost information [Provider Contracting]
- Redacted Name of opining actuary
- Redacted company contact information – name, telephone number, email address

Objection Response 1 Excel

- Redacted Commission Schedule [Commission schedules]
- Redacted Network cost information [Provider Contracting]
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]

Objection Response 2

- Projected Morbidity relative to Market [Statements specifying a company's anticipated risk level in relation to the state average risk level]
- Redacted Name of opining actuary
- Redacted company contact information – name, telephone number, email address

Objection Response 1 Excel

- Projected Morbidity relative to Market [Statements specifying a company's anticipated risk level in relation to the state average risk level]

Completeness and Redaction Justification Checklist

Issuer Name: Cigna Health and Life Insurance Company

Market: Individual

SERFF ID: 13401

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y		Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	N		N/A
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N		N/A
D.1.C.	Average Rate Change	X	N		N/A
D.1.D.	Membership Count	X	N		N/A
	<i>PA Act. Exhibits Table 1</i>	X	N		N/A
D.1.E.	Benefit Changes	X	N		N/A
D.1.F.	Experience Period Claims & Premium	X	N		N/A
	<i>PA Act. Exhibits Table 2</i>	X	N		N/A
D.1.G.	Credibility of Data	X	N		N/A
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N		N/A
D.1.H.	Trend Identification	X	N		N/A
	<i>PA Act. Exhibits Table 3</i>	X	N		N/A
D.1.I.	Historical Experience	X	N		N/A
	<i>PA Act. Exhibits Table 4</i>	X	N		N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N		N/A
	<i>PA Act. Exhibits Table 5</i>	X	N		N/A
D.2.B.	Retention Items	X	N		N/A
	<i>PA Act. Exhibits Table 6</i>	X	N		N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N		N/A
	<i>PA Act. Exhibits Table 7</i>	X	N		N/A
D.2.D.	Components of Rate Change	X	N		N/A
	<i>PA Act. Exhibits Table 8</i>	X	N		N/A
	<i>PA Act. Exhibits Table 9</i>	X	N		N/A
D.3.	Plan Rate Development	X	N		N/A
	<i>PA Act. Exhibits Table 10</i>	X	N		N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N		N/A
	<i>PA Act. Exhibits Table 11</i>	X	N		N/A
D.5.A.	Age and Tobacco Factors	X	N		N/A
	<i>PA Act. Exhibits Table 12</i>	X	N		N/A
D.5.B.	Geographic Factors	X	N		N/A
	<i>PA Act. Exhibits Table 13</i>	X	N		N/A
D.5.C.	Network Factors	X	N		N/A
	<i>PA Act. Exhibits Table 14</i>	X	N		N/A
D.5.D.	Rate Change Request Summary	X	N		N/A
	<i>PA Act. Exhibits Table 15</i>	X	N		N/A
D.5.E.	Service Area Composition	X	N		N/A
D.5.F.	Composite Rating	X	N		N/A
D.6.	Actuarial Certifications	X	N		N/A
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N		N/A
	Service Area Map	X	N		N/A
Redaction Justification (must be submitted if any information is redacted)		X			N/A